



Prison Legal News

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Culture of Abuse and Corruption Plagues Jail in Denver, Colorado

by Lonnie Burton, Matt Clarke, David Reutter, Christopher Zoukis

WHEN JAMAL HUNTER WAS ARRESTED in April 2011 on three misdemeanor charges, he had no idea what was in store for him during his stay at the Denver City Jail. Not only was he choked and tasered by guards, he was also severely beaten and had his genitals scalded with hot water by a group of prisoners while a jailer who arranged the attack stood by and did nothing.

Hunter's subsequent federal lawsuit exposed years of abuse and corruption in Denver's police and sheriff's departments, resulting in a multi-million dollar settlement, resignations and terminations, and a call for a federal investigation. And that just

scratches the surface of systemic deficiencies in Denver's jail system.

A Culture of Lawlessness

ACCORDING TO MARY DULACKI, AS OF June 2014 the Denver Sheriff Department (DSD) had 114 open internal affairs investigations. Thirty-five involved allegations of excessive force by deputies, said Dulacki, the records coordinator for the city's Department of Safety.

Then-Sheriff Gary Wilson, who has since resigned, said he addressed the issue of deputy misconduct by introducing new training methods and making other changes. He blamed the bulk of the misconduct on "stress."

"These officers [are] working in an environment where they're charged to maintain order ... with people who aren't always compliant and [have] the ever-present potential for violence," Wilson said. "You couple that with real-life stressors that are off the job ... it can lead to bad decisions."

As of November 2014, DSD deputies had worked over 146,000 hours of overtime of which at least 75% involved overtime by downtown deputies. Staff shortages resulted in sergeants spending more time on administrative tasks, such as filling out work schedules, than supervising and assisting deputies.

"Stress" also seemed to be a problem among officers with the Denver Police Department (DPD). Police chief Robert C. White acknowledged an epidemic of alcohol abuse in his department as well as a rash of officer arrests, most of which were alcohol-related.

For example, DPD Captain Sonya Gillespie was arrested in early June 2014 on assault charges after she allegedly threw a cell phone at a man during an argument outside of work. She was placed on administrative leave. Division Chief Frank Gale came under scrutiny after a jail captain filed a complaint against him in connection with Gillespie's detention, accusing him of giving her "preferential treatment." Gale was subsequently fired, then filed suit against the city in September 2016, claiming his termination was in retaliation for his actions as a union representative.

Qusair Mohamedbhai, the attorney who represented Jamal Hunter in his federal lawsuit, indicated that Sheriff Wilson and Chief White were just making excuses for their employees.

"The rampant excessive force by Denver's law enforcement is not due to alcohol or stress, but rather leadership that is unable or unwilling to address the root cause of the problem," Mohamedbhai stated.

Indeed, the allegations of staff abuse at the Denver City Jail were alarming. In July 2014, two guards were implicated in an excessive force investigation involving a prisoner during the booking process. A security camera recorded the incident but Wilson refused to release the video to the public, citing a "pending investigation."

The incident involved Deputy Thomas Ford, who was also named in Hunter's lawsuit. Although neither details nor the prisoner's name were disclosed, upon viewing the video Wilson said he "was very disturbed by the actions of one of our officers ... by the inappropriate use of force."

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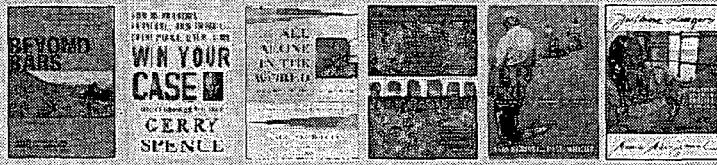
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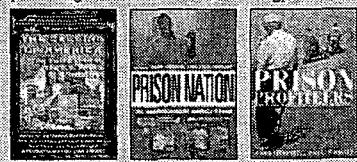
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Abuse, Corruption in Denver (cont.)

Mohamedbhai said the video footage should be released. "Denver's refusal to turn over the video involving Deputy Ford is yet another attempt to hide the corruption within the Denver Sheriff's Department," he stated.

In another incident, Deputy Brad Lovingier was caught on video slamming a handcuffed detainee, Anthony Waller, into a wall during a court hearing without provocation. Another guard, William Lewis, a 12-year veteran, was investigated for writing a false report about that incident. Both Ford and Lewis were placed on paid administrative leave.

"The present criminal investigation into Deputy Ford is the predictable consequence of the broken disciplinary system of the [DSD]," Mohamedbhai remarked. "Failure to discipline officers for using excessive force on inmates creates a culture where unlawful force is condoned and tolerated."

Mohamedbhai, together with co-counsel David A. Lane, had previously prevailed in a lawsuit against the Denver City Jail on behalf of pretrial detainee Robert Duran. Duran was arrested on March 22, 2009 and assaulted by guard Steven Kohler the following day; security video showed Duran was both cooperative and handcuffed at the time of the assault. The jury awarded Duran \$40,000 on July 24, 2013. See: *Duran v. Koehler*, U.S.D.C. (D. Colo.), Case No. 1:10-cv-01569-REB-KMT.

On April 7, 2013, Deputy Matthew Andrews helped prisoner Felix Trujillo escape from the Downtown Denver Detention Center. He let Trujillo wear his coat and cap to walk out of the jail. [See: *PLN*, Nov. 2013, p.56]. While Trujillo turned himself in three days later, Andrews received a six-year prison term – the maximum sentence – in January 2014 after pleading guilty to a felony charge of attempting to influence a public servant.

Further, former DSD Chief Michael Than, once the No. 2 official at the Sheriff's Department, who ran the jail until he resigned, was indicted on April 25, 2014 by a Jefferson County grand jury on theft and tax evasion charges. According to court documents, Than would shoplift by stashing Turbo Tax software inside other merchandise, like a large dog food bag, and pay

only for the cheaper items. The indictment accused him of stealing 1,288 copies of the software which he resold on eBay, reportedly to finance his gambling addiction.

Than was "intimately involved in looking into serious allegations of misconduct by deputies at the jail," said Denver's Independent Monitor, Nicholas Mitchell. Than decided which deputies accused of misconduct would be investigated, he added – which was ironic given the former DSD chief's own illicit activities.

Hunter's Allegations

"THE VIDEO OF DENVER SHERIFF'S DEPUTY Edward Keller choking a non-combative inmate was recorded in the summer of 2011," began a June 2014 *Denver Post* article detailing the abuse that Jamal Hunter suffered, both at the hands and direction of jail guards.

According to court records, witnesses and the video footage, Hunter was first assaulted on July 18, 2011 by his cellmate and other prisoners at the behest of jailer Gaynel Rumer, who didn't like Hunter because he was argumentative and made jokes about Rumer's drinking.

Rumer told Hunter's cellmate, a muscular 6'2", 270 lb. prisoner by the name of Amos Page, that Hunter was a snitch and had been bad-mouthing Page and his "gangster homies," saying they weren't so tough. Page told Rumer he would take care of his cellie.

During a head count on Rumer's shift, Page and several other prisoners severely beat Hunter and scalded his genitals with hot water. Rumer allegedly facilitated the attack by turning off the lights in the unit; he then ignored what was happening and did not intervene, witnesses said, even when Hunter reportedly screamed during the beating until he lost consciousness. Page was not disciplined for the brutal assault.

Hunter was permanently disfigured. He filed administrative grievances against Deputy Rumer, though nothing was done. Nearly two years after the incident, however, following the filing of the lawsuit, Rumer was suspended for 45 days. He denied any involvement with the beating.

Hunter's second run-in with abusive jail guards came on July 31, 2011, just 13 days after the first incident. On that date Hunter approached Deputy Keller, who was working at the unit podium, and in an "animated fashion" asked to see the nurse to

Abuse, Corruption in Denver (cont.)

look at his burns. Witnesses said Hunter, an African-American, began cursing at Keller and calling him a racist. "You need to treat me better," he told the guard.

Keller then ordered Hunter, who already had an appointment scheduled with the nurse, to return to his cell. According to Keller's attorney, John Adam Marks, Hunter continued using abusive language and took an "aggressive step" towards Keller. Marks said the video and another guard corroborated Keller's account of the incident.

But on the video Keller is seen holding Hunter's shirt sleeve to escort him to his cell, then grabbing his neck with both hands and forcing him down on the bunk. Three other guards, including Ford, rushed into the cell to restrain Hunter while a sergeant fired a stun gun into Hunter's back from a foot away.

"Mr. Keller, an officer for the Denver Sheriff Department, lost control of himself and attacked me, choking, punching, and body slamming me without cause," Hunter

wrote in a grievance dated August 10, 2011.

Nearly two years after the assault Keller had not even been interviewed about the incident, Mohamedbhai noted in a brief filed in connection with the lawsuit. In September 2014, the *Denver Post* reported that both Keller and Ford had been fired for excessive use of force.

Lawsuit Revelations

UNLIKE THE TYPICAL PRISONER LAWSUIT, filed *pro se* and either swept under the rug or summarily dismissed by a disinterested judge, Hunter's case, filed by Mohamedbhai, landed on the desk of U.S. District Court Judge John Kane. Consequently, the disturbing details uncovered during the litigation led to changes in jail policies, resignations and an extraordinary courtroom hearing.

Page, the prisoner who coordinated and took part in the assault on Hunter, told all – or nearly all – during an unheard-of open court deposition.

A self-described leader of the Bloods street gang who was serving a ten-year sentence for robbery, Page testified that shortly after he was assigned to a cell with

Hunter in A-pod at the jail, he noticed one day that Rumer's face was flushed and his speech slurred. After sneaking a sip from Rumer's Thermos and finding it was vodka, Page confronted the guard about his on-the-job drinking.

Page said Rumer became visibly shaken and quickly agreed to smuggle cigarettes and a lighter into the jail for him the next day. He soon began to smuggle other items as well, including pornography and marijuana. Rumer would drop the contraband in the trash where Page, who worked as one of the pod's janitors, would pick it up and sell it. Page said the porn would go for \$3 a sheet. He said he paid Rumer a kickback in the form of jail soda machine tokens.

Running his cellblock "like a gang," Rumer would also allow prisoners to make "cell-house hooch" during his shift, Page testified. Additionally, he learned from the guard which prisoners were snitches and sex offenders, then would use that information to extort them.

Finally, Page related how Rumer asked him to be his "muscle" and "take care of" other prisoners who filed complaints against him or caused too much noise or commo-



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tion in the pod. That was when Rumer told Page about Hunter.

The deposition conducted in open court before Judge Kane was a first, according to court watchers. Pretrial depositions of potential witnesses are normally held behind closed doors with a court reporter, or in Page's case, in prison. But Kane had a very good reason for ordering the open-court deposition: witness intimidation by Denver police officers. See: *Hunter v. City and County of Denver*, U.S.D.C. (D. Colo.), Case No. 1:12-cv-02682-JLK-MJW.

Witness Intimidation and Ensuing Fallout

A MOTION FILED BY MOHAMEDBHAI alleged that Sgts. Brian Cotter and Brad Lenderink with the DPD's internal affairs office went to the Crowley County Correctional Facility in an attempt to intimidate Page into not testifying in Hunter's lawsuit.

"There's some fairly significant criminal statutes involving these police officers," Judge Kane stated. "And I make no judgment as to whether they're guilty or not, but I think there is certainly cause to suspect that witnesses have been intimidated."

Kane asked federal authorities to investigate the Denver Police Department to determine whether there was any evidence of criminal wrongdoing in connection with Hunter's lawsuit.

In addition to allegations that DPD officers had intimidated a witness, the private law firm that was representing the City of Denver abruptly withdrew from the case amid allegations that city officials had withheld key evidence related to the intimidation. Two other law firms quickly stepped in to defend the city.

According to evidence submitted by Mohamedbhai, lawyers working in the City Attorney's office had pressured Cotter and Lenderink via email to "investigate" Page. The emails were disclosed in late June 2014 despite an earlier order by Judge Kane to share all documents related to the case.

Mohamedbhai moved for sanctions against the city for failure to promptly disclose the emails. According to the motion, Assistant City Attorney Stuart Shapiro allegedly authored an email that described Hunter's lawsuit as "an attack on Denver, its law enforcement agencies and the Denver jails."

The internal affairs officers, who followed through with the City Attorney's directive to contact Page, later stated the email was "intended to influence their investigation."

Denver Mayor Michael B. Hancock said he took the allegations seriously. "Once the facts are known, we'll go from there," he declared.

But Judge Kane did not let the issue die; he ordered the DPD to produce all documents involving its investigation of Page, including all emails, notes and correspondence. He gave them one week to comply.

Further, Kane "immediately and permanently enjoined [the DPD] from any and all action, investigation, consultation, or any kind of participation, including any action by its Internal Affairs Bureau [IAB], until judgment is entered in this case."

Kane additionally ordered that a transcript of the hearing be provided to the U.S. Attorney's Office for possible criminal charges, and said that if Hunter's case went to trial the jury would be instructed regarding witness intimidation by the defendants.

"I think it ... smacks of a sham to



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Abuse, Corruption in Denver (cont.)

suggest that the [IAB] of the [DPD] was investigating [Page] for any kind of criminal activity," Kane said from the bench. He added that he could not understand "for the life of me" why the IAB was involved at all, since the Sheriff's Department has its own internal affairs investigators.

Kane ordered all statements from Page that were recorded by city law enforcement officials stricken from the record of the case, and summarily canceled all depositions of other witnesses. The judge gave Hunter's attorneys authority to depose the DPD internal affairs officers at the city's expense, including attorney's fees.

Finally Victorious

FOLLOWING THE CHANGE IN ATTORNEYS representing the city, the allegations of witness intimidation and a potential federal investigation, Denver officials finally saw the handwriting on the wall and approved a \$3.25 million settlement offer to Hunter, plus policy changes at the jail, on July 24, 2014. Due to the size of the settlement the City Council first had to transfer money from its contingency fund to bolster its liability claims account.

The settlement, one of the largest of its kind in city history, required the approval of the Council and Judge Kane. City attorney Scott Martinez insisted the monetary payment was not an admission of liability but rather "an opportunity to move forward."

"Mr. Hunter feels his civil rights

have been vindicated. He is proud to be an instrument of change," Mohamedbhai said during a joint news conference with Martinez.

Hunter indicated that he planned to use the settlement funds to open a salon that caters to cancer patients who lose their hair due to chemotherapy.

"With my background in cosmetology, I'm definitely about doing the wigs for the center patients, putting together a foundation," he stated.

Regardless of the settlement in Hunter's case, Judge Kane indicated he may still press forward with related investigations. "There needs to be corrective steps [taken] to make sure this doesn't happen again," he said. "It doesn't do any good to have one scandal after another."

When Mohamedbhai referred to Hunter being an instrument of change, he was referring to improvements made in the jail's grievance system as well as new DSD guidelines for deputies and jailers to deal with the apparent stress of their jobs.

The jail typically receives about 3,000 grievances per year filed by prisoners. In the past, grievances were informally screened by sergeants who, with no written policy guidance, decided how to handle them.

Mitchell, Denver's Independent Monitor, was so stunned when he learned about the allegations in Hunter's case that he ordered a review of two years' worth of grievances.

In a report released in December 2013, Mitchell found that 46 grievances alleging serious misconduct by deputies, not

counting Hunter's complaint, had not been adequately investigated. He recommended sweeping changes. The report found that 16 percent of all misconduct grievances had been filed against just four deputies in a force of over 700 DSD employees.

Jail policy required all allegations of criminal misconduct be referred to internal affairs officers, but that was rarely done, Mitchell found. A number of grievances had not been reviewed at all. Further, the jail's inmate handbook did not tell prisoners that an informal resolution was not required if their grievance alleged serious misconduct by staff.

The report analyzed around 6,000 grievances filed by prisoners over the two-and-a-half year period of January 1, 2011 through June 30, 2013. The focus was on complaints that alleged serious misconduct such as excessive use of force, sexual abuse and biased or prejudicial behavior by staff.

Although Spanish-speakers constituted over a third of the Denver jail's population, they did not file a single one of the approximately 6,000 grievances reviewed by Mitchell. "Spanish-speaking inmates weren't aware they had the right to file complaints," he said, nor were grievance forms available in Spanish.

As a result of the report, grievances at the jail are now handled differently; they are filed in a locked metal box and collected daily by a department supervisor. The sheriff also ordered all staff to send serious accusations, such as those involving excessive force, sexual misconduct and racial bias, to the internal affairs office. According to then-Sheriff

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Wilson, jail employees were "counseled in regard to the grievance process."

Due to the additional workload created by the increased number of misconduct complaints now requiring review by internal affairs, the grievance process has been slowed. But neither side took issue with what some have called a necessary side-effect of the new grievance policy.

Wilson said the practice of jail supervisors sitting on grievances to protect fellow employees "would not be tolerated by my office." However, he did not elaborate on what, if any, mechanisms were in place to detect and prevent such practices.

Other changes at the Denver City Jail included establishing work groups to review the department's training, procedures, programs, staffing and policies.

"We've been working hard to understand the culture and dynamics at the jail," said Denver's Safety Director, Stephanie O'Malley. "I take these things very seriously."

Also, in mid-June 2014, Wilson released a "six-point plan" that he claimed would help deputies deal with job stress and thus curtail prisoner abuse. The list of

items included assigning a mentor to new recruits, enlisting family support during training, employing a holistic wellness program, and training deputies on coping strategies, ethics and resiliency.

However, his six-point plan and other policy changes implemented at the DSD were too little, too late for Sheriff Wilson, who was forced to resign in July 2014 amid the turmoil and fallout stemming from Hunter's lawsuit.

Wilson was not the only casualty after the Denver Sheriff Department was subjected to scrutiny. Chief Michael Than resigned in late 2013, though that was related to his criminal misconduct outside of work. He eventually pleaded guilty to stealing Turbo Tax software and was sentenced in January 2015 to 60 days in jail plus four years' probation.

Progress as Complaints and Damages Rise

AS A RESULT OF THE SETTLEMENT IN Hunter's lawsuit, jail staff were ordered to complete additional training, grievance forms are now available in Spanish and prisoners have been encouraged to call the

Independent Monitor's office directly with any problems related to filing complaints.

During the summer of 2014, the number of pending internal affairs investigations at DSD grew from 114 in June to 147 in July – though the almost 30 percent jump could be attributed to the reforms making prisoners more comfortable to file complaints.

The number of investigators, however, did not increase at the same rate as the number of grievances filed. "The investigative staff has to stay much later and do that much more work," according to Mitchell.

The DSD was not the only department plagued with understaffing. The Colorado Department of Human Services (CDHS) has struggled for years with a long waiting list of prisoners needing court-ordered mental health evaluations and treatment. It announced in February 2016 that the backlog was finally cleared, at least for pretrial detainees awaiting mental health services.

Regardless, Disability Law Colorado requested the re-opening of its lawsuit against the CDHS, arguing the department had "violated a federal settlement agreement by allowing the waitlist to form in

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Abuse, Corruption in Denver (cont.)

the first place." The case settled in August 2016, with the CDHS agreeing to oversight by an independent consultant until 2018.

Despite positive developments, some cling to their old habits. DSD veteran jailer Erick Wright was fired in July 2014 after an internal affairs investigation found he was responsible for multiple rule violations including failure to make his rounds, which allowed a prisoner to hang himself in his cell. Wright argued the policies were unclear but investigators disagreed.

Following a three-week civil trial, a federal jury found five DSD deputies guilty of using excessive force against Marvin L. Booker, a 56-year-old homeless man who died in 2010 after the deputies tased and choked him unconscious using a sleeper hold. [See: *PLN*, Dec. 2011, p.34]. The jury awarded Booker's family \$6 million in damages in November 2014. See: *Booker v. County of Denver*, U.S.D.C. (D. Colo.), Case No. 1:11-cv-00645-RBJ-KMT.

The new record high verdict against the city indicated "[t]he community won't

tolerate this anymore, and things have to change," said attorney Darold Killmer, who represented Booker's family.

The city accepted liability for the deputies' misconduct and "remains committed to its ongoing efforts to improve the Denver Sheriff's Department," stated the attorneys representing the deputies. However, prosecutors failed to press charges and the DSD declined to discipline the jailers for their involvement in Booker's death. Four of the five deputies are still employed by the Sheriff's Department.

In November 2014, the *Denver Post* reported another scandal involving the city's jail system. A record high of five prisoners, including Sebastian Littlejohn and Adam Satchell, were erroneously released that year. All were later recaptured, and interim Sheriff Elias Diggins announced that the jail's release policies had been reviewed and changes were made to prevent future premature releases.

"We want to be sure that anyone who is supposed to be in custody is in custody," he said.

Adding to Denver's woes, it was later revealed that Diggins had a criminal record:

He was once charged with attempt to influence a public official, a felony, and pleaded guilty to making a false vehicle accident report, a misdemeanor, when he lied to a judge about having insurance. He did not last long in the position of interim sheriff.

A spokesperson for the city's Manager of Safety said it was unclear whether Mayor Hancock was aware of the arrest record when he appointed Diggins. In the wake of Sheriff Wilson's resignation, Hancock assured the public that the city would conduct a "top-down" review of the DSD after it was stained by allegations of abuse and misconduct.

In December 2014, Denver Auditor Dennis Gallagher accused Mayor Hancock's administration of undermining his office's investigation of the Sheriff's Department. "We have encountered recalcitrance, foot-dragging and what I can only describe as obstructionist behavior," Gallagher wrote in a letter addressed to the mayor.

The Auditor released a 75-page report in March 2015 that accused the DSD of poor management, understaffing and lack of oversight. Gallagher particularly criticized the absence of proper record-keeping and flawed methodologies for reviewing staffing needs and other operational issues.

"[W]e are left with a backlog of investigations and unanalyzed data that could have been used to help reduce the very incidents that lead to allegations of misconduct

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in the first place," Gallagher wrote.

Facing mounting public pressure, DSD officials finally released a series of surveillance videos in January 2016 that captured the death of mentally ill prisoner Michael Lee Marshall. Surrounded by guards and other staff, Marshall, 50, was placed in a restraint chair with a "spit hood" over his head on November 11, 2015. He choked on his own vomit and was brain dead for nine days at a hospital until he was removed from life support. Marshall, who weighed 112 lbs., had been arrested on a trespassing charge and was being held on \$100 bond.

Although the coroner ruled his death a homicide, prosecutors declined to file criminal charges against any jail staff. The attorney representing Marshall's family called for a federal investigation, saying the decision not to prosecute was an "outrage."

Together with Booker's former legal team, in May 2016 Marshall's family filed notice with city officials that they planned to pursue a lawsuit. The video footage of Marshall's death was released only after his family members, as well as several faith leaders and civil rights advocates, went on a 10-day hunger strike in protest, and after

The Colorado Independent filed suit over the city's failure to promptly release the video.

A Cultural Change Needed

THE ACTIONS OF ONE PRISONER WHO STOOD up to jail officials who abused their authority, and his perseverance and determination to hold them accountable – as well as to make changes in the system that fostered the misconduct – resulted in the resignation of the sheriff, the suspension or termination of at least five law enforcement personnel and a federal judge determined to see that the U.S. Attorney's Office thoroughly investigates the Denver police.

City councilman Paul Lopez, chairman of Denver's newly-revamped Safety and Well-being Committee, said the changes at the DSD were an important step forward.

"I think the well-being of inmates in our facilities has top priority," he stated. "You can't compromise that [and] I look forward to more steps in terms of reforming the department."

Attorney Qusair Mohamedbhai, who represented Hunter in his successful lawsuit, argued that any real improvements would require systemic change. "It's about changing

the role of a Denver sheriff from the culture of law enforcement to one of collaboration and rehabilitation," he concluded.

Meanwhile, problems at the Denver City Jail continue. In September 2016, six prisoners were hospitalized after reportedly overdosing on crack cocaine that had been smuggled into the facility – an indication of continued security lapses. A 2015 report on security at the jail by a consultant found that contraband was a "chronic challenge," and noted that staff members were a likely source of drugs and other illicit items because they were not searched when reporting to work.

"What happens when you have a building with 1,500 inmates in it is [contraband] does occasionally slip through," said DSD spokesman Simon Crittle.

Resolving the long-standing problems in Denver's jail system, however, will require much more than simply stating the obvious. ■

Sources: *The Denver Post*, www.colorado-independent.com, <http://mapnews.com>, www.reddit.com, www.extras.mnginteractive.com, <http://kdvr.com>, www.westword.com, www.thedenverchannel.com, www.koaa.com, *Washington Times*, www.rawstory.com

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Oregon State Penitentiary Inmate Injury Report

Important:

Did injury occur on an Inmate Work Program work assignment?

YES If you answered yes to both questions, complete this form immediately AND

NO If you answered no to either question, complete only this form, Items 1 through 8, and forward to the Safety Manager

Did injury require medical treatment more than First Aid?

YES advise the Safety Manager

NO and forward to the Safety Manager

INMATE'S REPORT OF INJURY INCIDENT

1) Please Print Full Name:	Last	First	Initial	Institution Number:	2) Date of Injury	3) Time:
GINES	PENNIS	L.	12019691	5-30-15	approx 5:30 AM	
4) Where Injury Occurred:			5) Name of Closest Staff or Work Supervisor:			
Kitchen			LT. Brian Cabada			
6) Injury reported to Corrections Staff: (give name) <i>Not sure of his name. He called Medical for</i>						
7) Describe accident in detail. What were you doing when injured? Did you fall? Were you struck – if so, by what or whom? Were you lifting, pulling, pushing, carrying, climbing, up or down, playing? <i>After eating chow in the chowhall, I returned to work using the kitchen back door and as I walked in front of the grill, boiling water came out from under the grill and filled both of my shoes, instantly burning my feet. It seemed to keep coming as I stepped back. Another inmate was taking five gallon buckets of boiling water from the steam cettles to clean the floors. He did not see me.</i>						
8) What body part was injured?	Right Hand					
9) Left foot & right foot						
9) Have you ever had this type of injury before? If so, when/where? <i>NO</i>						
10) Inmate's Signature:			11) Date Signed: <i>6-29-15</i>			

CORRECTIONS STAFF OR WORK SUPERVISOR'S REPORT

Corrections Staff or Work Supervisor's Name:			Title:
Date you first knew of injury:			Can you verify injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injury self inflicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:
Corrections Staff or Work Supervisor's Signature:			Date Signed:

HEALTH SERVICES CLINIC STAFF/NURSE REPORT

Date inmate delivered form:	Inmate refused treatment?	
7/1/15	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate received the following treatment: FIRST AID ONLY or:		
First aid and daily dressing changes to both feet for burn wound		
Part of body affected:	Both feet	
Nature of injury:	Water Burn	
Clinic Staff or RN Signature:	J. McRae	
Date Signed: 7/1/15		

Upon completion of this form by all parties, forward to OSP Safety Manager.

08/01/02

Oregon State Penitentiary
Inmate Injury Report

Important:

Did injury occur on an Inmate Work Program work assignment?

YES If you answered yes to both questions, complete this form immediately ANDNO If you answered no to either question, complete only this form, items 1 through 8, and forward to the Safety Manager

Did injury require medical treatment more than First Aid?

YES advise the Safety ManagerNO

INMATE'S REPORT OF INJURY INCIDENT

1) Please Print Full Name:	Last <u>Gives</u>	First <u>Dennis</u>	Initial <u></u>	Institution Number: <u>12019691</u>	2) Date of Injury <u>5-30-15</u>	3) Time: <u>6:00am</u>
4) Where Injury Occurred:	<u>Kitchen</u>			5) Name of Closest Staff or Work Supervisor: <u>Coordinator Mueller</u>		
6) Injury reported to Corrections Staff: (give name)	<u>Coordinator Mueller</u>					
7) Describe accident in detail. What were you doing when injured? Did you fall? Were you struck - if so, by what or whom? Were you lifting, pulling, pushing, carrying, climbing up or down, playing?	<p><u>Walking through kitchen. No loose plug.</u></p> <p><u>Inmates were using hot water from steam kettles to</u></p> <p><u>scrub floors. Water was on plaster floor and got</u></p> <p><u>on inmate Dennis feet. water was very hot.</u></p>					
8) What body part was injured?	<u>Both feet</u>					
9) Have you ever had this type of injury before? If so, when/where?	<u>No</u>					
10) Inmate's Signature:	<u>Dennis A.</u>		11) Date Signed <u>5-30-15</u>			

CORRECTIONS STAFF OR WORK SUPERVISOR'S REPORT

Corrections Staff or Work Supervisor's Name:	<u>Mueller</u>	Title: <u>Food coordinator</u>
Date you first knew of injury:	<u>5/30/15</u>	Can you verify injury? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injury self inflicted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, explain:
Corrections Staff or Work Supervisor's Signature:	<u>Mueller</u>	

HEALTH SERVICES CLINIC STAFF/NURSE REPORT

Date inmate delivered form:	Inmate refused treatment?
Yes	No
Inmate received the following treatment: FIRST AID ONLY or:	
Part of body affected:	
Nature of injury:	
Clinic Staff or RN Signature:	Date Signed:

Upon completion of this form by all parties, forward to OSP Safety Manager.

Accident

Grievance # OSP-2015-06-052
Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- Misapplication of any administrative directive or operational procedure
- The lack of an administrative directive or operational procedure
- Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- Any oversight or error affecting an inmate
- A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 5-30-15 Apr, 5:30 AM.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

On 5-30-15 while working my shift in the kitchen, it was my turn to eat in the chowhall and as I returned to the kitchen through the back door, I walked in front of the grill as another inmate was taking five gallon buckets of bailing water from the steam kettles to clean the floors with. He was throwing the water under the counters to clean and he did not see me there on the other side. The bailing water came from under the counter, filling both of my shoes instantly. It went through the material on my tennis shoes burning both of my feet badly. I did ask Mr. Ritterlusch for workbooks, it was denied said, "It was not a leadman and not eligible!"

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Everyone in the Kitchen area is in danger of someone else's lack of safety for others, a pair of "Safety Workbooks" should be issued to everyone, not just leadman. thank You!

6-16-15

Dennis Dines

Inmate Signature

Distribution:

White (Original grievance form)

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For grievance information see back page

<u>Receiving Facility</u> (if not processing facility)	<u>Received at Processing Facility</u> RECEIVED JUN 19 2015 GRIEVANCE COORDINATOR Date Stamp
Date Stamp	Date Stamp

filed appeal about accident on 7-14-15

Received on 7-3-15

GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance # OSP-2015-06-052

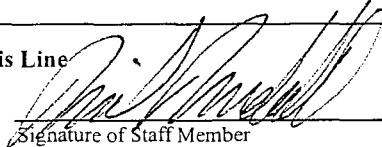
TO: Dennis Gines 12019691
 Inmate Name SID #
 FROM: Richard Ridderbusch
 Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

I do not have the authority to issue boots to all inmates. The Clothing Room (Group Living) controls who gets boots and who does not. I am only allowed to sign for inmates who are on the cart crew or work on the back dock.

Date: 6/30/15

Do Not Type Past This Line



Signature of Staff Member



Signature of Supervisor (Print/Sign)

Sent from processing facility

NOTED

JUL 08 2015

GRIEVANCE COORDINATOR

Date Stamps

Sent to inmate from current facility (if not processing facility)

Date Stamps

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Grievance # OSP-2015-06-052A
Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: Gives Dennis L. 12019691 D-276-A
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In appealing your grievance response dated 6-30-15 in ~~which~~ response to my grievance # OSP-2015-06-052, in which you state: "I do not have the authority to issue beats to all inmates". The clothing room/group living contracts who gets beats and who does not. "I only allowed to sign for inmates who are on the cart crew or work on the back dock". For starters - you do have the authority to issue beats to everyone working the kitchen. You and Kitchen Manager are responsible for everyone's safety and one to change the rules as its mandated! Second, the clothing room/group living are working under your, Kitchen Mgr. Davis' rules and you save a bunch tactics need to be changed. You need to be more responsible for our safety! You claim you are only allowed to sign for cart crew/back dock workers. You failed to mention the leadman you sign for. $\frac{3}{4}$ of the kitchen crew have beats issued, it was the $\frac{1}{4}$ not allowed workbeats because of my position, was badly burned on both feet as another inmate poured five gallon bucket of boiling water on my feet, cart

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page Page 1 of 2

Original date of submission

7-14-15

Date

Today's date

7-17-15

Distribution:

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Dennis Gives
Inmate Signature

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(if not processing facility)

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7/17/15
JUL 19 2015

GRIEVANCE COORDINATOR
Date Stamp

Grievance # OSP-2015-06-0524
Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

Can't as he cleaned the floor. There was nothing I could do to prevent this accident except request workboats from you. Your denial of work boats to me put me directly in harms way, as a result, I went through 20 days of unnecessary pain and suffering and scarred an both feet for life. This was and is should have been prevented from happen and others working in the Kitchen without proper safety workboats. Change the same a buck mentality to save our feet, mandate boats in Kitchen areas. Your neglect has caused me unnecessary pain and suffering and scarring for life!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?) P. 2 of 2

Everyone in Kitchen area is in danger of someone else's lack of safety for others. Pair of safety boats should be mandated to everyone, not just leadman. All other Prisoners issue workboats to all workers. Period!

7-14-15

Date

Dennis Gines
Inmate Signature

today's date 7-17-15

Distribution:

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Receiving Facility (if not processing facility)
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JUL 29 2015
GRIEVANCE COORDINATOR

Received on 7-31-15



**STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Oregon State Penitentiary**

INTEROFFICE MEMO

DATE: July 28, 2015

TO: Gines, Dennis, SID #12019691
Oregon State Penitentiary

FROM: *[Signature]*
Jeff Perno, Superintendent
Oregon State Penitentiary

SUBJECT: Grievance Appeal OSP_2015_06_052A

This is in response to the above referenced grievance appeal regarding boots for all Foodservice inmate workers.

The institution has developed a list of inmate work assignments that require boots to be issued. General Foodservice inmate workers are not on that list and do not receive boots. It is unfortunate that you were injured in this incident, but I believe it is an isolated case which does not warrant changing our current process.

We have reviewed the issue in general with our Department Safety Manager and our Institution Safety Committee Co-chair of issuing boots to Foodservice workers. Based on the lack of reported incidents, issuing boots to all Foodservice inmate workers is not warranted.

I consider this matter resolved.

JP/my

cc: M. Yoder, Asst. Superintendent General Services
K. Davis, Foodservice Manager
File

NOTED
JUL 29 2015
GRIEVANCE COORDINATOR

*Second appeal*Grievance # OSP-2015-06-052A
Staff Use Only**GRIEVANCE APPEAL FORM**Inmate: GINGS DENNIS L. 12019691 D-276-A
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to file a second appeal to your response to my grievance appeal #⁵ OSP-2015-06-052A in which you state, "the institution has developed a list of inmate work assignments that require boots to be issued. General foodservice inmate workers are not on that list and do not receive boots". It is unfortunate that you were injured in this incident, but I believe it is an isolated case which does not warrant changing our current process." You also state, "We have reviewed the issue in general with our Department Safety Manager and our institution Safety-Committee Co-chair of issuing boots to foodservice workers". Based on the lack of reported incidents, issuing boots to all foodservice inmate workers is not warranted! Well, I disagree with this current process. Yes I was badly injured and this could have been prevented and should have been prevented from happening to me and others working in the kitchen with no protective gear like work boots! So Please reconsider this rule to include all kitchen workers. My injuries are as bad, I can't even lace my shoes tight because, it rubs on the side of feet, causing me pain when I walk.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I could only be so safe at work, can't control someone else's lack of safety for others. Please issue safety work boots to all kitchen workers!

Thank You - Sincerely!

8-4-15

Date

Dennis Dennis

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

AUG 06 2015

GRIEVANCE COORDINATOR

Distribution:

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Oregon

Kate Brown, Governor

Accident Grievance is exhausted

Department of Corrections

Operations Division

2575 Center Street NE

Salem, OR 97301-4667

Voice: 503-945-0950

Fax: 503-945-7178

August 24, 2015



Dennis Gines #12019691
Oregon State Penitentiary
2605 State Street
Salem, OR 97310

RE: Grievance Appeal #OSP_2015_06_052AA

Dear Mr. Gines:

This is in response to the above referenced grievance regarding boots for all food service inmate workers.

A review of your grievance concludes Mr. Premo's response to you was appropriate. It is unfortunate you were injured while working in the kitchen. However, as Mr. Premo pointed out, the staff at the facility has reviewed which work assignments in Culinary need boots issues to the workers. Your assignment was not identified as needing boots to work. If you wish to have boots, you do have the ability to purchase them through the commissary.

At this time boots will not be issued to all food services inmate workers.

I consider this grievance closed.

Sincerely,

Michael F. Gower
Michael F. Gower
Assistant Director, Operations Division

MG:be

cc: M. Yoder, Asst. Supt. of General Services
J. Lawson, OSP Grievance Coordinator
File

OSP-2015-07-016

GRIEVANCE FORM

TO BE FILLED OUT BY INMATE

TO: RN. McCrae / medicalFROM: GINES DENNIS L. 12019691 D-276-A
Last Name First Initial SID # Cell/Block/Bunk #

1. List in detail all the reasons for your grievance. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

On 6-10-15 at 2:00 pm. I was re-injured by Nurse McCrae as she changed my bandages from an accidental burn I got at Work on 5-30-15. She did this intentionally out of anger! I sent a 3 page Kyte asking why she would do this to me and she failed to answer my Kytes. We only have a short time to file complaints and to exhaust all of our remedies and her refusal to respond has made my time shorter. I got the Kyte back with someone whom I did not Kyte, response. He knows nothing about what took place with me and McCrae. He was not there and my issue was with Mrs. McCrae.

2. List any action(s) you have already taken to informally resolve the grievance. (What have you done or tried to do to solve problem? Who have you talked to – date/time/place?) Attach copies of any documents, which show what you have done.

I sent a 3 page Kyte to Mrs. McCrae on 6-10-15, the day of, she refused to respond to it. See Kyte attached!

3. Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

an apology and reprimanded for his unprofessional actions and Mrs. Canie Coffey informed of the situation. If she has a history of this same activities, termination! Thank you

7-6-15

Date

Dennis Gines
Inmate Signature

RECEIVED

Distribution:

Original Grievance Form (White)
File Copy – Send with Original to Staff (yellow)
Inmate Receipt (Pink)
Inmate Copy (Goldenrod)

JUL 08 2015

Attachment 3

GRIEVANCE COORDINATOR (3/04)

GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance # OSP-2015-07-016

TO: Gines, Dennis 12019691
 Inmate Name SID #
 FROM: Julie McCrae, RN
 Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the inmate requested? If not, why? Who took the action? When was the action taken – date/time?)

1:35

On 6/10/2015 I was working sick call, and had reviewed the schedule when I first came on shift at 1345. I had noted that you, Mr. Dennis Gines, were scheduled for an 1800 for a dressing change. I reviewed your schedule on the DOC400 to see if this appointment time was chosen due to work or another reason, and saw that there was none, as you were placed on a medical hold from work. I called to your block officer and requested that you come up to the infirmary at that time, which was around 1400. When you came up, I had stated that I thought I had already changed your appointment time to earlier in the day; however, you corrected me and stated that your appointment time had always been 1800. I stated that we do not do appointments after 1530, as that time is used for emergencies, urgent needs, and pill line so I would need to change your appointment time at 1530. When you had mentioned you did not like that, I stated we could find a different time for you, but that 1530 would be the latest appointment you would be getting. I then started your dressing change. The first layer was coban, which is a wrap designed to be self-adhering. While removing the coban dressing you had stated that the injury "still hurts pretty bad". I apologized that you were hurting and stated it would hurt for a while, as burns can be very painful and sensitive. After removing the coban, I removed the stretch gauze that was also wrapped around your foot. I removed your old telfa pad and cleaned the wound with safe cleanse and a clean gauze 4x4. There was a scant amount of serous (clear yellow fluid) on the dressing that was removed and the skin was noted as being "pink". During the dressing change, you did not say anything to me regarding an increase in pain with the procedure, or a change in wound appearance; no concerns were voiced during the procedure about your wound, only your unhappiness about the change in your appointment time. I applied a fresh layer of silvadine cream and placed a clean nonstick telfa pad over the wound. I asked if I could just wrap the wound with gauze, as the coban can cause the pulling when it is being removed, but you requested more coban be placed over the gauze because you felt it was "cleaner" that way. I wrapped your wound with stretch gauze, and then rewound that with a new coban wrap as you requested. You asked one more time for the appointment to be kept as is and to not change it. I explained the policy one more time, and requested that you stop asking that it be changed. Your new appointment time was changed to 1400.

Do Not Type Past This Line

7/21/15

Date:

Signature of Staff Member

Signature of Supervisor (Print/Sign)

Sent from processing facility

Sent to inmate from current facility (if not processing facility)

NOTED

JUL 27 2015

GRIEVANCE COORDINATOR

Date Stamp

Date Stamp

Distribution:
 White (Original grievance response form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)

First Appeal McCray

Grievance # OSP-2015-07-016A

Staff Use Only

PG 1 of 5

GRIEVANCE APPEAL FORM

Inmate: GIVES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP 2015-07-06 in which you state; On 6-10-15 I was working sick call and had reviewed the schedule when I first came to work at 1345. I had stated that you - Dennis Gines, were scheduled for a dressing at 1800. But you forgot to mention our previous contact on or around June 4th at 6 PM - at which time, you gave me a huge attitude because I was there at 6 PM to get my bandage changed at 6 PM. You were very rude and insistent on changing my time to 3 PM. Visits starting on June 5th; I was not in agreement with this time and the next day I had it changed back to 6 PM. On 6-9-15 I was waiting for treatment in the waiting room at 6 PM. and you seen me in there as you passed through the waiting room with your Pill cart. You were very mad that I had the time changed against your personal wishes and the next day 6-10-15 at 1:45 PM. You - summand me to the infirmary to teach me a lesson because I had the time changed against your personal wishes! cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page!

B-6-15

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

AUG 07 2015

GRIEVANCE COORDINATOR

Date Stamp

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First Appeal McCrae

Grievance # OSP_2015_07_016A

P92 of 5

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You were mad at me on 6-9-15 when you seen me in the waiting room at 6 PM. and so much that you summon me on 6-10-15 to get even with me for changing the time, you did this at 2 PM. You were so mad that you waited for me at the infirmary door. As soon as I walked in, you very rudely stated: I thought I changed your time to 3 PM, I stated: you did but, I changed it back to 6 PM! You rudely stated: "well I changed it back to 3 PM," "Put it in the computer not to to change your time again, so there's nothing you can do about it now!" I said this with a huge attitude to make sure I knew you was! You then demanded to change my bandage, with your bad attitude I knew you were gonna cause me more injury but, I had no choice. I tried to unwrap the Coban before you had a chance to hurt me, there was two layers of Coban around my foot, one around my ankle and two more ^{Coban} around layers around my foot. I had already had the two layers off of my foot and the one around my ankle off. cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page

8-6-15

Date

Dennis Gines
Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
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Receiving Facility (if not processing facility)
Date Stamp

Received at Processing Facility
RECEIVED
AUG 07 2015
GRIEVANCE COORDINATOR
Date Stamp

First Appeal McCrae

Grievance # 08P-2015-07-016A

Staff Use Only

p. 3 of 5

GRIEVANCE APPEAL FORM

Inmate: GINGS Dennis L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

When you grabbed ahold firmly, I said, it's still tender to keep you from hurting me, you kept pulling in a straight up motion, this was Painful, I again said, "I was still sore" as you continued pulling straight up on the Caban causing the caban to spin on my foot, this spinning motion was very Painful, worse because the Caban is self adhering - making it harder to get apart. As you tore the last of the caban off, the spinning motion caused the stretch gauze to wad up, forced it to spin around my fresh wound, causing skin to be torn from one wound and it to bleed. It was then that you seen the blood and it was then that you tried to apologize. But because you were sorry, but, because you knew you messed up! In your response you state: "You apologized that I was in Pain, it would hurt for a while as burns can be very Painful or sensitive". This is false, you did this intentionally and did not care if I hurt, Painful or sensitive, the only reason you apologized is because you seen the damage you caused me and tried to smooth it over!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next Page

cont.

8-6-15

Date

Dennis Gines
Inmate Signature

Receiving Facility
(if not processing facility)

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RECEIVED

AUG 07 2015

GRIEVANCE COORDINATOR

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First Appeal McCrae

Grievance # 05P-2015-07-016A

Staff Use Only

P.O. 4 of 5

GRIEVANCE APPEAL FORM

Inmate: GINGIS DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In your response you state: "there was a small amount of serum (clear yellow fluid) on the dressing that was removed, the skin was noted as being pink". This too is sooo false, I never had serum (clear yellow fluid) in any of my changes and the other nurses who changed my bandages prior can witness this fact! As far as my skin noted as pink, this too is false, you seen the injury you caused me, immediately tried to clean the blood off in a hast, applied the silvadine, tried to rush me out of there without putting a proper bandage back on but, I insisted.

In your response you state: That I never once voiced concern about my mis-treatment. This is false, before you even touched me, I told you "I was still sore", during my mis-treatment, I again told you "I was still tender", trying to keep you from man handling my bandage and wound to no avail. You still caused me injury, I wanted to yell out at you for what you did to me, it happen so fast, I chose to bite my tongue and leave before you

Describe what action you want taken to resolve the grievance. (How can the problem be solved?) do anymore damage

Please see next Page

cont.

8-6-15

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Received at Processing Facility

RECEIVED

AUG 07 2015

GRIEVANCE COORDINATOR

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First Appeal McCrae

Grievance # OSP-2015-07-016A

Staff Use Only

pg 5 of 5

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L SID# 12019691 Cell/Block/Bunk # D-276-A
 Last First Initial

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I spent the night in Pain and had no Pain meds to ease the Pain you caused me. On the next day 6-11-15 I could not wait to get my bandage changed, blood cleaned out. I seen nurse John working and immediately explained the medical mistreatment I received from you the day before, told him I needed him, another nurse to witness the only bloody bandage change I had in two weeks Prior because, of your mis-treatment. Nurse John and nurse Whitney had changed most all of my bandages up to that point and they can witness I never once had a (clear yellow fluid) Prior but too, they can witness the only bloody bandage I had from your abuse! My medical file was missing at that point so, I asked nurse John, nurse Whitney to Please take a mental note of what they seen and to Please log it into my file when it was found.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

I would like Mrs. Carrie Caffey to be satisfied of her actions, for her to own up to what she clearly did to me! off she has a history of Medical mis-treatment or negative complaints, termint

8-6-15

Date

Dennis Gines
Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

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AUG 07 2015

GRIEVANCE COORDINATOR

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Received on 9-9-15



Oregon

Kate Brown, Governor

Department of Corrections
Health Services
2575 Center St. NE
Salem, OR 97301-4667
(503) 378-5593
Fax (503) 378-5597

September 1, 2015



Dennis Gines, SID #12019691
Oregon State Penitentiary
2605 State St.
Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-016A

Dear Mr. Gines:

This letter is written to you in response to the grievance referenced above concerning your alleged mistreatment from Nurse McCrae.

While I understand that your perception is that Nurse McCrae was "mad" at you; in her response she has identified that this was not the case. It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I do not find any documentation to substantiate your claims that Nurse McCrae caused you further injury or harm in her care of your wounds.

In regards to your concerns with scheduling, Nurse McCrae is correct in insisting that you be scheduled at the appropriate times as per policy. OSP Medical Services does not schedule *routine* sick call appointments after 3:30 pm; the times after 3:30 pm are reserved for emergencies, urgent needs and pill line as explained by Nurse McCrae. Staff has been educated on appropriate scheduling to avoid the confusion and frustrations in the future.

I find that your original grievance was answered appropriately by Nurse McCrae. Your dissatisfaction with Nurse McCrae does not constitute mistreatment in your medical care. The medical care you have been provided is sound, and appropriate.

The Oregon Department of Corrections Health Services will continue to provide for your health care needs throughout the duration of your incarceration.

Sincerely,

S. Shelton, M.D.
Medical Director

NOTED

SEP 08 2015

GRIEVANCE COORDINATOR

CC: J. Lawson, Grievance Coordinator, OSP
C. Coffey, RN, Medical Services Manager, OSP
File

Second Appeal McCrae

pg 1 of 6

Grievance # OSP-2015-07-016A
Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP-2015-07-016A in which you state: While I understand that your Perception is that nurse McCrae was "mad" at you; in her response she has identified that this was not the case. "Yes", my Perception is that nurse McCrae was mad at me for having my bandage treatment times changed against her "Personal wishes" after her changing my treatment time Prior to the medical abuse and re-injury I received from you on 6-10-15! My perception to is that your being mad led you to "get even" with me by manhandling my bandages, you intentionally pulled straight up on the cabin even though I still had two layers around my foot! This is not just my Perception, it is a fact!! You also state: She has also identified that this was not the case. So that I say you are a liar-Pain and would you be willing to take a lie detector test to disprove my claim because I am more than willing to take a lie detector test because I have nothing to hide! I take offense to your calling me a liar too! I would Pay for a lie detector test ??

cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page !

9-11-15

Date

Dennis Gines

Inmate Signature

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Receiving Facility (if not processing facility)
Date Stamp

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SEP 15 2015
GRIEVANCE COORDINATOR
Date Stamp

Second Appeal McCrae

Grievance # 05P-2015-07-016A

PG 2 of 6

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

In your response you state: It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I had 12 bandages changed up to that date of 6-10-15 and never once was my injuries irritated and I never had blood or discolor in my bandages until the next day 6-11-15 bandage change. In which I anticipated blood and ask for two nurses to witness the only bloody bandaged had through my treatments as they unwrapped my old bandage. After all, they were my primary nurses and knew I never had blood or discolor in my bandages! The presence of blood on 6-11-15 was directly related to the medical abuse I received from your deliberate act against me on 6-10-15! In your response you state: I do not find any documentation to substantiate your claims that nurse McCrae caused you further injury or harm in her care of your wounds. The day you physically assaulted me while unbandaging my bandages and ripping my skin from my existing wound, I was in shack -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cant.

Please see next Page!

9-11-15

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

SEP 15 2015

GRIEVANCE COORDINATOR

Date Stamp

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Second Appeal McCrae

Grievance # OSP-2015-07-016A

Staff Use Only

pg. 3 of 6

GRIEVANCE APPEAL FORM

Inmate: GINES
LastFirst DENNISInitial L.SID# 12019691Cell/Block/Bunk # D-276-A

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

and I could not believe what you had just done. I was also in pain, ready to get away from you so you could not cause me any more injury, I knew you were not going to log your medical abuse in my medical file so, I left. I suffered through the night from the unnecessary pain you caused me. The next day during my treatment, I immediately explained that you tore my bandage, skin from my foot causing it to bleed and I told nurse John I would need him and another nurse to be present as my bandage was changed as witnesses to the bloody bandage I had on. I also explained you did this because I had the time charged against you personal wishes. He brought nurse Whitney in as a witness, I explained I had every intention of filing a medical claim against you for your abuse. After witnessing the only bloody bandage I had throughout my treatment I knew my medical file had been misplaced for three days before so, I asked them to please take a mental note of my injuries, bleed and to please log it into my file as soon as its found so I can file complaint.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

please see next Page!

9-11-15
Date

Dennis Gines
Inmate Signature

Receiving Facility
(if not processing facility)

Received at Processing Facility

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SEP 15 2015

GRIEVANCE COORDINATOR

Date Stamp

Distribution:
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Second Appeal McCrae

Grievance # OSP 2015-07-016A

PG. 4 of 6

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES
LastDENNIS
FirstL.
Initial12019691
SID#D-276-A
Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

On you, they said they would as soon as they find my med. file! - Knowing I was going to file a complaint, knowing I needed them to log my bloody bandage in my med. file and too, my 30 day limit to griev you was upon me so, I sent both nurse John, nurse Whitney two separate Kytes reminding them of my intentions to file a complaint on her and needing the blood logged into my med. file so I did have documentation to substantiate my facts of your abuse, to secure my legal options too. But, both of my Kytes I sent nurse John, nurse Whitney were deliberately intercepted by nurse manager Maga as a deliberate attempt to cover up the medical abuse I received from you! I sent a total of 4 Kytes to medical D. with my concerns, they were all intercepted by nurse manager Maga to shut me up about what you did to me! Nurse manager Maga went as far as to send me a misconduct report also known as a DR, an write up for bogus reasons, his bogus write up was immediately dropped against me. This is the extent nurse manager Maga went to cover up any documentation I had!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

9-11-15

Date

Dennis Gines

Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

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SEP 15 2015

GRIEVANCE COORDINATOR

Date Stamp

Second Appeal McCrae

Grievance # OSP 2015-07-016A

Pg. 5 of 6

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: Ginges Dennis
Last First

Initial

12019691
SID#D-276-A
Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I do have these Kyle's in my position, are available upon request! I do not ask them to do anything corrupt, I asked them to be honest and to Please log this into my med. file. So, I did file a grievance on nurse manager Mage for his corrupt activities, for intercepting my documents and for not allowing me to establish documentation for legal actions. His grievance is Pending at this time! His actions are unprofessional! In your response you state: in regards to your concern with scheduling, Nurse McCrae is correct in "insisting" that you be scheduled at the appropriate times as Per Policy. Insisting on the change is one thing but, you were so very rude You do not have the right attitude to be working in a Place of care because you do not care about anyone!!! If you did care, We would not be in this Position now! You also state: I find that your original grievance was answered appropriately by nurse McCrae, Your dissatisfaction with nurse McCrae does not constitute mistreatment in your medical care. The medical care you have been provided is sound and appropriate.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

9-11-15

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

SEP 15 2015

GRIEVANCE COORDINATOR

Date Stamp

Distribution:

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- Pink (Inmate copy)

Second Appeal McGraw
PG. 6 of 6

Grievance # OSP-2015-07-016A
Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

For starters, my original grievance was not answered appropriately because you lied throughout your response and did not admit to your abuse! As far as my dissatisfaction with constituting mistreatment in my medical care you tore skin intentionally from my wound over something so Petty, this is "clearly mistreatment" and unnecessary abuse of me and your Power. As far as my medical care Provided me sound, appropriate care, I pray that I do not even have to endure abuse this way ever! From my experience, you should not even be a nurse at all. Period!! What you did to me is very serious, unprofessional! To say the least! If you are being honest about your stand on this, would you be willing to take a Polygraph test? I know you want because you can't Pass it! I would gladly take one!! Gladly!! Why not just own up to what you did to me?

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

You intentionally tore flesh from my wound, you need to be terminated - Period! No second chance because of your bad attitude in life, you are hateful of inmates, you should quit here!!!

9-11-15

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

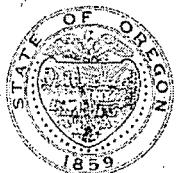
SEP 15 2015

GRIEVANCE COORDINATOR

Distribution:
Green (Original grievance appeal form)
Yellow (Grievance file copy)
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Pink (Inmate copy)

McCrae exhausted

Received on = 10-3-15



Oregon

Kate Brown, Governor

Department of Corrections
Health Services
2575 Center St. NE
Salem, OR 97301-4667
(503) 378-5593
Fax (503) 378-5597

October 1, 2015



Dennis Gines, SID #12019691
Oregon State Penitentiary
2605 State St.
Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-016AA

Dear Mr. Gines:

This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with the medical care Nurse McCrae provided you on June 10, 2015.

It is noted you disagree with the care provided to you by Nurse McCrae during your dressing change and feel her actions during your dressing change were retaliatory. As Dr. Shelton stated, "It is unfortunate that the wound was irritated and continued to hurt during the dressing change; however, this does not indicate that there was intentional mistreatment. I do not find any documentation to substantiate your claims that Nurse McCrae caused you further injury or harm in her care of your wounds."

Nurse McCrae was correct in ensuring your scheduled appointment coincided with the OSP scheduling grid. As previously indicated in response to your grievance, OSP Medical Services does not schedule *routine* sick call appointments after 3:30 pm due to operational needs.

Although you disagree with the medical care you were provided by Nurse McCrae, your dissatisfaction with Nurse McCrae does not constitute mistreatment. The medical care you were provided was sound and appropriate.

The Oregon Department of Corrections Health Services will continue to provide for your health care needs throughout the duration of your incarceration.

Sincerely,

J. DaFoe, RN, MSN, MHA
Health Services Administrator

NOTED

OCT 02 2015

GRIEVANCE COORDINATOR

CC: J. Lawson, Grievance Coordinator, OSP
C. Coffey, RN, Medical Services Manager, OSP
File

Resubmission for Magee

Grievance # OSP.2015.07.067
Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS L. SID# 12019691 Cell/Block/Bunk # D-276-A
Last First Initial

Reason for grievance: (check all that apply)

Misapplication of any administrative directive or operational procedure

The lack of an administrative directive or operational procedure

Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises

Any oversight or error affecting an inmate

A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation

The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)

Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 7-7-15 8:30 AM

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

This is a resubmission of grievance #OSP 2015.07.067 within 14 days.
 I had a very serious medical issue with nurse McCrae, sent her a Kyte, one to health service manager Carrie Coffey and later ~~the~~ I sent two Kytes to two other medical staff members with the same concerns. They were all intentionally intercepted by RN nurse manager Magee as a blatant attempt to protect and cover up the mis-treatment I received from nurse McCrae. Additionally, he even went as far as to write me a DR. (disciplinary report) to keep me quiet, to keep me from filing a complaint on nurse McCrae. His bogus DR. was dropped as it should have been!
 His behavior is unprofessional and unacceptable!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

He needs to be reprimanded, nurse manager Carrie Coffey notified of his actions if he has a history of intercepting and interfering with any Kyte system to shut me up, then he needs to be terminated!

8-6-15

Date

Dennis Gines
Inmate SignatureReceiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

AUG 07 2015

GRIEVANCE COORDINATOR

Date Stamp

Distribution:

White (Original grievance form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)
 Goldenrod (Inmate copy)

For grievance information see back page

Attachment-4

GRIEVANCE RESPONSE FORM

TO BE FILLED OUT BY STAFFGrievance # OSP-2015-07-067TO: Gines, Dennis # 12019691

Inmate/Client Name

OSP-2015-07-067

Institution #

FROM: C. Pries, RN, Nurse Manager; OSP

Staff Member

I have read your grievance and reviewed your medical record and inmate communications.

Your dissatisfaction with Nurse Julie M. was addressed and answered by the nurse manager at the time of your original inmate communication to her. You chose to, after receiving the response, continue the issue by writing to her peers in an attempt to staff split. Upon receipt of these communications the nurses gave them to management to address as they were inappropriate communications and had no medical concerns for them to address. The nurse manager again acknowledged receipt of the communications and directed you to stop the behaviors. You chose not to follow directions and continued the harassing behaviors through inappropriate communications to staff; a DR was written. This is all within the scope of management and was appropriately handled.

While it is important that you voice your concerns about staff to their managers it is not appropriate for you to address these concerns to their peers in a way to slander or harass them. Staff concerns are addressed by their managers not their peers.

In the future, please refrain from addressing any inmate communications to specific nurses or staff members, but rather address them to "Medical Services", as all medical staff are capable of answering your medical concerns.

Please make your communications relevant to medical, dental or pharmacy issues only. If you have concerns regarding a specific staff member these communications should be directed to the OSP Health Services Management team not to other nurses or staff members.

Your concerns have been addressed and this issued is considered closed.

Health Services will continue to provide health care to you based on your health care needs until your release from the Department of Corrections.

Thank you

August 11, 2015

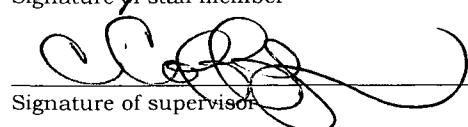
Date:

NOTED

AUG 13 2015

GRIEVANCE COORDINATOR

C. Pries
Signature of staff member


Signature of supervisor

First Appeal Magee

Grievance # OSP 2015-07-067A

Staff Use Only

pg 1 of 6

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP 2015-07-067 in which you state: Your dissatisfaction with nurse Julie M. was addressed and answered by the nurse manager at the time of your original inmate communications to her. Yes, I was very dissatisfied with the medical - mistreatment received from nurse McCrae, had enough & sent her a Kyte with my concerns, this Kyte had nothing to do with nurse manager Magee therefore, you had no legitimate business interfering with our communications system put in place for issues both good or bad! In your response you state: you chose to, after receiving the report continue the issue by writing to her peers in an attempt to Staff split. For one, I did not receive my Kyte to McCrae back for several weeks so I sent a follow up Kyte two weeks later, you kept the Kyte I sent her and was hoping I was not gonna follow up on it. But when you seen my follow up Kytes, you seen I was'nt gonna go away so, you sent my Kytes back with your response!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont

Please see next page.

8-24-15

Date

Dennis Gines
Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

For grievance appeal instructions see back page

<small>Receiving Facility (if not processing facility)</small>
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<small>Received at Processing Facility</small>
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<small>AUG 26 2015</small>
GRIEVANCE COORDINATOR
<small>Date Stamp</small>

First Appeal Magee

Grievance # OSP 2015-07-067

pg 2 of 6

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GIVES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

As far as Staff splitting goes, your position that I was "staff splitting" is only your term and it is not mentioned in any Part of an ODC rule, I was not "staff splitting", I was only trying to have my medical care documented in my file because my file had gone missing days before the issue at hand. I specifically note that your nurse manager Magee have sought to characterize this matter in a negative manner to cover up the actions of nurse McCrae, an action you should have no legitimate interest in taking. In your response you state: Upon receipt of these communications the nurses gave them to management to address as they were inappropriate communications and had no medical concerns for them to address. This too is false, they were not inappropriate communications as you claim, I never asked them to do anything to nurse McCrae, I can asked them to Please document in my medical file the only bleady bandage they witnessed into my file. can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page

8-24-15

Date

Dennis Gines

Inmate Signature

Distribution:

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- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

For grievance appeal instructions see back page

<u>Receiving Facility</u> <small>(if not processing facility)</small>
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<u>Received at Processing Facility</u> RECEIVED AUG 26 2015 GRIEVANCE COORDINATOR <small>Date Stamp</small>
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First Appeal Magee

Grievance # OSP 2015-07-067A

Staff Use Only

pg 3 of 6

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. SID# 12019691 Cell/Block/Bunk # D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

On 6-11-15, the day after my medical mistreatment from McCrae, I went to the infirmary for my daily bandage change and I intentionally ask two nurses on duty to Please ~~not~~ act as witnesses as they unwrapped my only bloody bandage I had to date. I had 14 bandages changed before my mistreatment with McCrae and nurse John and nurse Whitney can state this fact because they had changed most all of my bandages up to that day and they know without a doubt, blood was present. So I asked them to take a mental note as to what they witnessed and to Please log their findings into my Medical file as soon as its found. They said they would say yes I did have a medical concern for them to address, then sent them to make sure it was logged! In your response you state: The nurse manager again acknowledged receipt of communications and directed you to stop the behaviors. cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next Page!

8-24-15

Date

Dennis Gines

Inmate Signature

Distribution:

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(if not processing facility)

Date Stamp

Received at Processing Facility

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AUG 26 2015

GRIEVANCE COORDINATOR

Date Stamp

First Appeal Page

Grievance # OSP-2015-07-067A

Staff Use Only

pg 4 of 6

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You also state: you chose not to follow directions and continue the harassing behaviors through inappropriate communications to staff. a DR was written. This is all within the scope of management and was appropriately handled. When you intentionally held on to my Kytes I sent to nurse McCrae and nurse Caffey for several weeks, I had no choice but to write follow ups because, my 30 days limit to file a grievance was upon me and she was not gonna get away with what she did!! As far as your bogus DR. you sent me as an attempt to shut me up about the medical mistreatment I received from McCrae or exposing her treatment, Your bogus DR. was immediately dropped as I knew it would be! I don't know how to you have been here but, that's why we have a Kyte system in place! In your response you state: while it is important that you voice your concern about staff to their managers it is not appropriate for you to address these concerns to their Peers in a way to slander or harass them. I can't

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Please see next page!

8-24-15

Date

Dennis Gines

Inmate Signature

Distribution:

- Green (Original grievance appeal form)
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RECEIVED

AUG 26 2015

GRIEVANCE COORDINATOR

Date Stamp

First Appeal Mager

Grievance # 05P-2015-07-067A

Staff Use Only

pg 5 of 6

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

You also state: Staff concerns are addressed by their managers not their peers. If you would have allowed my kites to go where they were addressed to go to, get them back to me in a timely manner, I would not have sent follow up kites. In your attempt to shut me up you held on to my kites for several weeks, I needed them to respond to you. You also state: In the future, Please refrain from addressing any inmate communications to specific nurses or staff members, but rather address them to "medical services", as all medical staff are capable of answering your medical concerns. This is false and not in a DOC rule. In fact DOC encourages us to send kites addressed to the staff member of whom you have concerns with. So I will continue to send kites to staff members directly! In your response you state: Your concerns have been addressed and this issue is - considered closed. So that, my concerns have not been addressed and this issue is not closed. cont.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see next page!

8-24-15

Date

Dennis Gines

Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

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Date Stamp

<u>Received at Processing Facility</u>
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AUG 26 2015
GRIEVANCE COORDINATOR
Date Stamp

First appeal Magee

Grievance # OSP 2015-07-067A

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

The actions I want to resolve this grievance is:
 for nurse manager Magee to be reprimanded for his attempts to cover up the medical mistreatment I received from nurse McCrae. That's to include his blatant attempt to shut me up so I don't expose her mistreatment by way of his bogus DR. he sent me. He needs to know that we have a communication system in place for issues with staff rather good or bad; we can and will send them to staff directly! And finally, I would ask nurse John and nurse Whitney if they in fact forwarded my kites to management for response. I know this is not true!

He intercepted these kites to cover up the mistreatment I got from nurse McCrae!

thank you for your time!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

please see above ↑.

8-24-15

Date

Dennis Gines

Inmate Signature

Distribution:

Green (Original grievance appeal form)

Yellow (Grievance file copy)

Blue (Inmate receipt after processed)

Pink (Inmate copy)

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

AUG 26 2015

GRIEVANCE COORDINATOR

Date Stamp



Magee

Oregon

Kate Brown, Governor

Department of Corrections
Health Services
2575 Center St. NE
Salem, OR 97301-4667
(503) 378-5593
Fax (503) 378-5597

September 25, 2015



Dennis Gines, SID #12019691
Oregon State Penitentiary
2605 State St.
Salem, OR 97310

RE: Grievance Appeal OSP-2015-07-067A

Dear Mr. Gines:

This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with management of with inmate communications.

I am in agreement with the original grievance response by Nurse Manager Pries. It is clear that your communications directed at Nurse McCrae's coworkers, were disparaging of her and her nursing practice and not about your current medical concerns. As indicated in the responses to those communications, the nurse managers were aware of your complaints and the issue was being handled directly by her managers. You were in fact told to cease writing these types of inmate communications and chose not to do so.

Please remember that the inmate communication system is in place for you to address your current medical needs. These communications should be addressed to the Medical Service department and not to specific nurses by name. As directed by both Nurse Manager Pries and Nurse Manager Magee, please refrain from addressing future communications regarding staff concerns to specific staff members and their peers; but rather direct these issues to the Health Services management team so that they may be properly addressed.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the healthcare staff regarding your medical needs.

Sincerely,

S. Shelton

S. Shelton, M.D.
Medical Director

NOTED

CC: J. Lawson, Grievance Coordinator, OSP
C. Coffey, RN, Medical Services Manager, OSP
File

SEP 29 2015

GRIEVANCE COORDINATOR

Second Appeal Page

Grievance # OSP 2015-07-067AA

Staff Use Only

1. of 4.

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

I want to appeal your response to my grievance # OSP-2015-07-067 in which you state: "This letter is written to you in response to the grievance appeal referenced above concerning your disagreement with management of - with inmate communications". You state, if you are referring to my disagreement with management / you for covering up my medical abuse by intentionally intercepting all of my inmate communications sent to other staff members, were in agreement! You also state: "I am in agreement with the original grievance response by nurse, manager Pries". It is clear that your communications directed at Nurse McGraw's coworkers, were disparaging of her and her nursing practice and what about your current medical care you are wrong! I never once asked your coworkers to do anything personal against you. Also, I asked to two witnesses I had to Please log their medical findings as they unwrapped my only bloody bandage I had the day after my medical abuse, to Please log it in my MCP file so I can file a complaint on nurse McGraw -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

10-6-15

Date

Dennis Gines
Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

Received at Processing Facility

RECEIVED

OCT 09 2015

GRIEVANCE COORDINATOR
Date Stamp

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

Second Appeal Page

Grievance # OSP-2015-07-067A

Staff Use Only

2. of 4.

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 D-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

Day, my Kyte/communications I sent were about medical concerns. You also state: "As indicated in the response to those communications, the nurse managers were aware of your complaints and the issue was being handled directly by her managers. Well I had an idea because, you intentionally held on to my Kyte as a cover up and my 30 days limit to griev was upon me so, I sent follow up Kyte to my valid medical concerns. It was then you seen it wasn't going away" as you hoped so, you gave me a "bagus write up" which was immediately dismissed as it should have been. You also state: "You were in fact told to cease writing these types of inmate communications and chose what to do so. I have a right to use our Kyte system whether you like its content or not. You only did this to shut me up, cover up the medical mistreatment I received. You also state: Please remember that the inmate communication system is in place for you to address your current medical needs." these communications should be addressed to medical services department -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next page!

10-6-15

Date

Dennis Gines
Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

<u>Receiving Facility</u> (if not processing facility)

<u>Received at Processing Facility</u> RECEIVED OCT 9 2015 GRIEVANCE COORDINATOR

Second Appeal Magee

Grievance # OSP 2015-07-067AA

3. of 4.

Staff Use Only

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. SID# 12019691 Cell/Block/Bunk # D-276-A
 Last First Initial

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

and not to specific nurses by name. As directed by both nurse MNG Pries and nurse manager Magee, Please refrain from addressing future communications regarding staff concerns to specific staff members and their Peers; but rather direct these issues to health services management so that they may be properly addressed". If as, nurse manager Pries or nurse manager Magee do not have the authority to give me such a directive, there is no such rule. This is just one more unprofessional attempt to deny me access to our communication system, and to continue the medical mistreatment cover up you have done. Also, I've been here for about 15 years and very familiar with our Kytos. More so than you in that, if you read the addressee Part on the front, it clearly states "NAMES". Attached is a Kyte for you info. in case you are unaware! I did nothing wrong sending Kytos to medical staff directly this is why your "Bogus DR" was dropped!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

cont.

Please see next Page!

10-6-15

Date

Dennis Gines
Inmate Signature

Distribution:

- Green (Original grievance appeal form)
- Yellow (Grievance file copy)
- Blue (Inmate receipt after processed)
- Pink (Inmate copy)

Receiving Facility (if not processing facility)

Received at Processing Facility RECEIVED OCT 09 2015 GRIEVANCE COORDINATOR

Second Appeal Stage

Grievance # OSP 2015-07-067AA

Staff Use Only

4. of 4.

GRIEVANCE APPEAL FORM

Inmate: GINES DENNIS L. 12019691 0-276-A
 Last First Initial SID# Cell/Block/Bunk #

List in detail all the reasons you disagree with the original grievance response or first appeal response. Use multiple grievance appeal forms if necessary. (For the first appeal, attach original grievance form and staff response. For the second appeal, attach first appeal form and response as well as the original grievance and response.)

Yours actions to intentionally intercept my kites addressed to other staff members as a blatant attempt to cover up the medical abuse received from nurse McCrae is unprofessional, and your directive to stop using our communications system is a clear sign of abuse of authority! You are denying my rights to Due Process, Equal Protections and cruel and unusual Punishment and unsafe conditions because of your willingness to cover up nurse McCrae's medical abuse for her to abuse one again. I sent those kites to get medical staff to log their findings into my medical file so I could use my legal options, you know this, intercepted my kites to stop staff from entering this as an attempt to stop my legal options and my filing a formal complaint a nurse McCrae for her medical abuse on me causing me more injury. My claims here are very true and honest! Would you be willing to take a lie detector test? I'm more than willing - shame on you!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Because there is no limit you will go with your corruption - and your willingness to try to cover up a very serious crime, you need to be terminated - Period!! See "NAME" on attached kites!!

10-6-15

Date

=====
=====
=====

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Date Stamp

RECEIVED

OCT 09 2015

GRIEVANCE COORDINATOR

Date Stamp

Distribution:
 Green (Original grievance appeal form)
 Yellow (Grievance file copy)
 Blue (Inmate receipt after processed)
 Pink (Inmate copy)

exhausted Major

Received on: 11-24-1



Oregon

Kate Brown, Governor

Department of Corrections
Health Services
2575 Center St. NE
Salem, OR 97301-4667
(503) 378-5593
Fax (503) 378-5597



November 17, 2015

Dennis Gines, SID #12019691
Oregon State Penitentiary
2605 State St.
Salem, OR 97301

RE: Grievance Appeal OSP-2015-07-067AA

Dear Mr. Gines:

This letter is in response to the above referenced grievance appeal concerning your disagreement over the management of your inmate communications.

I continue to be in agreement with your original grievance response. As stated by Dr. Shelton, your inmate communication(s) directed to Nurse McCrae's co-workers were related to Nurse McCrae's nursing practices and not your health status. Medical Services management was aware of your concerns related to Nurse McCrae. Although you may disagree, your use of the inmate communication(s) in these instances was inappropriate.

I encourage you to remember that you are responsible in your communications to you choose your words appropriately, and that your approach is fitting in order to effectively convey your intended information and ideas.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the healthcare staff regarding your medical needs.

Sincerely,

J. DaFoe, RN, MSN, MHA
Health Services Administrator

NOTED

CC: J. Lawson, Grievance Coordinator, OSP
C. Coffey, RN, Medical Services Manager, OSP
File

NOV 23 2015

GRIEVANCE COORDINATOR

Copy of specialized
Call Pass from -
RN, McCrae's summons
to the infirmary on -
6-10-15

DEPARTMENT OF CORRECTIONS

Inside Pass (Print)

6-10-15, 20

Medical

Person Contacted for Authorization

Name Caines

From D

To Medical

Issued 1445 By Kef
Time Staff Member

JUN 10 PM 2:56
Arrived _____
Time _____ Staff Member

Left _____
Time _____ Staff Member

CD 1094 bP (09/11)

No 532459



Oregon

Kate Brown, Governor

October 14, 2015

Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
Fax: (971) 673-0684
Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

Dennis Gines #12019691
Oregon State Penitentiary
2605 State St
Salem, OR 97310

Dear Mr. Gines,

This letter is in response to information the Oregon State Board of Nursing (OSBN) recently received from you regarding a registered nurse.

I'm enclosing a complaint form for you to complete. Please fill out the complaint form and return to OSBN along with a copy of your completed grievance.

Sincerely,

A handwritten signature in black ink that reads "Molly Taube".

Molly Taube
Complaint Intake Coordinator

Enclosure

Attachment 6



MY COPY SENT ON 7-22-10

September 23, 2016

Oregon State Board of Nursing
17938 S.W. Upper Boones Ferry Road
Portland, OR 97310

Re: Complaints against Nurse McCrae and McGee

Dear Board of Nursing:

I am currently incarcerated at the Oregon State Penitentiary. I filed separate complaints against two nurses who work in the prison infirmary, R.N. Julie McCrae and Nurse Manager Brendan Magee, nearly a year ago. To date, I have not received any response to my complaint. My complaint about Nurse McCrae was about her intentional ripping off of the bandage from my serious burn that caused re-injury to my wound. It is clear that she did this for retaliatory reasons. My complaint about Nurse Magee was in response to his complicity in attempting to cover-up Nurse McCrae's wrongdoing, by writing a false disciplinary report in an effort to stop me from complaining about the injury I received from Nurse McCrae.

I have sent the Board of Nursing two previous requests asking about the status of my complaints. However, I have never received any response. I am now concerned that the Board is not taking my concerns seriously because it simply hasn't been responsive to any of my complaints or concerns.

I understand that the Board is an agency managed by the Governor's office. If the Board does not want to take my complaints seriously, I will contact the Governor to ask that she have her office investigate why the Board is non-responsive. My complaints are legitimate and my accusations against nurses McCrae and McGee fall within the Board's rules related to "Conduct Derogatory to the Standard of Nursing." OAR 851-045-0070. I have certainly made a facially genuine complaint against these nurses that needs looking into.

Please respond to this letter provide me with the status of my complaints. I would like to know what progress has been made in terms of investigation into the actions of both Nurse McCrae and Nurse Magee.

Thank you for your attention to this matter. I will look forward to your response.

Sincerely,

Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

cc



Oregon

Kate Brown, Governor

October 03, 2016

Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
Fax: (971) 673-0684
Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

Dennis Gines
SID 12019691
2605 State St
Salem, OR 97310

Dear Mr. Gines,

I am in receipt of your letter dated 9/23/16 regarding your inquiry into the status of two complaints you submitted regarding nurses Julie McCrae and Brenden Magee. To date, the Board has not received any complaints against the aforementioned nurses from you. I will enclose two complaints forms for you to complete and return to our office for processing.

Once received, the Board will investigate the allegations to determine whether a violation of the Nurse Practice Act has occurred. If the Board finds that a violation did occur, it may take formal disciplinary action regarding the licensee. The enclosed fact sheet explains our investigation process and the disciplinary options available to the Board.

If the Board takes disciplinary action, you may request a copy of the Final Order that was issued, in accordance with the Oregon Public Records Act. Although disciplinary action taken by the Board during a Board Meeting is public information, details of the investigations leading up to such actions are not. Board staff is not allowed to discuss specifics of any investigation.

If you have any questions, please feel free to call me at the Board office at 971-673-0678, or visit our website at www.oregon.gov/osbn.

Sincerely,

Molly Taube
Complaint Intake Coordinator

Enclosure

1st Copy

November 1, 2016

Oregon State Board of Nursing
17938 S.W. Upper Boones Ferry Road
Portland, OR 97310

Re: Complaints against Nurse McCrae and McGee

Dear Board of Nursing:

Please find enclosed complaints against two nurses employed by the Oregon Department of Corrections, R.N. Julie McCrae and Nurse Manager Brendan Magee. This is the second time I have filed complaints against these nurses because I was only recently advised that the Nursing Board stated it did not receive my prior complaints.

I originally sent my complaints from the Oregon State Penitentiary Library on December 16, 2015 (Exhibit No. 1 – Library mailing log showing I mailed a package to the Board). I then waited patiently for several months for a response, but heard nothing. In approximately June of 2016, I sent the Board a letter inquiring into the status of my complaint, but, again, I received no response. I sent another inquiry to the Board date September 15, 2016. Still no response. (I did not mail my June or September status inquires from the library so they were not logged). Finally, I sent a third inquiry on September 23, 2016 by certified mail, return receipt, which the Board did respond to by advising me that it had never received any complaints from me (Which is belied by the mailing log entry from Exhibit No. 1). However, the Board did send me two blank complaint forms, which I am returning with this letter by certified mail, return receipt.

I am also sending you copies of the original complaints I sent to the Board on 12-16-2015. (Exhibits Nos. 2 and 3) However, while I am asking you to process my new complaints, I would also like an investigation into what happened to my original complaints.

Thank you for your attention to this matter. I will look forward to your response.

Sincerely,

Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

cc

PS. I am also enclosing a copy of the hand written letter dated 9-15-16 I sent the Board with my very clear and detailed claims of abuse and corruption. How come the Board of Fun did not contact me? Why did I have to send a Certified letter before you responded? ALL of my letters for months.

MY COPY

9-15-16

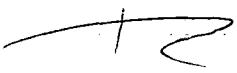
Dear Board of Nursing,

Hello, my name is Dennis Gines and I am currently incarcerated at the Oregon State Pen. I filed two complaints on two nurses that were here named ~~an~~ RN, Julie McCrae and NM, Brenden Magee almost one year ago. Her for her intentional cause of re-injury when she tore my bandages off of my wound and NM, Brenden Magee for his intentional attempts to cover her crime up even going as far as to give me a Bogus write-ups to keep me from speaking out about the abuse I suffered from Nurse McCrae. I sent you a couple of letters to you asking what became of this issues and still have not heard back?

I have spoken to many inmates here that filed complaints and ALL have a conclusion. Why not me? I feel like the reason you are not returning my letters is because, you did not take my claims serious and only trasferring them so they can continue their abuse and corruption! I am now sending this third letter of concern, certified mail and still asking what was the results of these serious issues?

Dennis Gines!

Dennis Gines 12019691
2605 State st.
Salem, OR 97310



Inmate Mailout Request History**Between the dates of 10/1/2015 and 10/26/2016**

Displays all the Legal Library requests that include a request for a Mailout appointment between the dates above

**Gines, Dennis
SID# 12019691**

Law Library Request				Req. No. - 237585
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
11/3/2015			McPherson	N/A
Deadline Info on Inmate Communication:				
Info Not Provided				
Inmate Notes: 2 Small envelopes: 1) Oregon Dept. of Administrative Services, Risk Management Division, PO Box 12009, Salem, OR 97309-0009 " Legal Mail" 2) Same as Above				
Staff Notes: Mailed 11/3				
The following appointments were requested by the inmate:				
Equipment Type	Hours	Services Requested		
Miscellaneous	0	Mail Out		

Law Library Request				Req. No. - 240729
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
12/16/2015			McPherson	N/A
Deadline Info on Inmate Communication:				
Info Not Provided				
Inmate Notes: 1 Lrg envelope: Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224-7012 "Legal Mail"				
Staff Notes: Mailed 12/16 CD_28 attached (Verified Legal Mail-Mel.)				
The following appointments were requested by the inmate:				
Equipment Type	Hours	Services Requested		
Miscellaneous	0	Mail Out		

Law Library Request				Req. No. - 242787
Req. Received On:	Req. Answered On:	Date on Request:	Coordinator:	Coord. Signed On:
1/12/2016			McPherson	N/A
Deadline Info on Inmate Communication:				
Info Not Provided				
Inmate Notes: 1 Small envelope: SAIF Corp., 400 High St. SE, Salem, OR 97312				
Staff Notes: Mailed 1/12				
The following appointments were requested by the inmate:				
Equipment Type	Hours	Services Requested		
Miscellaneous	0	Mail Out		



Oregon

Kate Brown, Governor

Board of Nursing

17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
Fax: (971) 673-0684
Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

November 15, 2016

Mr. Dennis Gines, SID #12019691
Oregon State Penitentiary
2605 State St
Salem OR 97310

Dear Mr. Gines,

This letter, pursuant to ORS 676.175(2)(b), is in response to your request for information on the outcome of your complaint against the above referenced licensee. Thank you for contacting us with your complaint. Please know that the Board takes your concerns seriously.

Board staff have reviewed the allegations in your complaint, but were unable to identify that a violation of the Nurse Practice Act occurred. We recognize that this outcome may be different from what you anticipated as a possible result of your complaint, but there is nothing more we can do at this time. If you have further questions, please contact me at molly.taube@state.or.us.

Thank you again for your time in providing this information.

Sincerely,

A handwritten signature in cursive script that reads "Roberta Poole".

Roberta Poole
Complaint Intake Coordinator



Oregon State Board of Nursing

Attention: All online services will undergo routine maintenance on December 27 and 28. As a result, all online services, including license Online Complaints will be unavailable from 8 a.m. December 27 until 5 p.m. December 28. Thank you for your patience.

Discipline and Complaints - File A Complaint Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

NOTE: You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required () fields below with your information.*

Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

Your Last Name:

Title:

Relationship to Licensee:

Agency or Organization:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name: *

Licensee Last Name: *

License Type:

CNA LPN NP Other
 CMA RN CRNA

License # (if known):
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip Code:
 Email Address:
 Phone Number/Extension:
 Licensee's place of work (Facility):
 City of place of work:
 Licensee's Supervisor:
 Licensee's Supervisor's Phone:

Complaint Facts: *

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Attachment - A.

How did you become aware of the incident or concern?
 Date of Incident: [MM/DD/YYYY] *
 Location of Incident: *
 Patient's First Name: *
 Patient's Middle Initial:
 Patient's Last Name: *
 Patient's Date of Birth: [MM/DD/YYYY]
 Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

Yes No

Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

Please see Attachment - B.

Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>

Verification by Oath or Affirmation:

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

Q H 8

Y H

Enter the code shown to guard against electronic spam:

X

Attachment A

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by Nurse Julie McCrae. When Nurse McCrae changed my bandages, she was angry with me for being scheduled for a bandage change at a time she disagreed with. She believed that I manipulated my bandage change schedule, but I have nothing to do with scheduling in the prison infirmary. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary. This action did not reflect competent or ethical care.

Attachment B

WITNESSES

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN John, he was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage I had as they unwrapped the bandage. RN. Whitney then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

My medical file had been misplaced for several days prior to this incident and I asked both Nurse John and Nurse Whitney to please take a mental note and to please document their findings into my medical file as soon as it was found. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kypes (communication forms) to remind them that they said they would not the condition of my foot. I did not get a response from them, so I sent them follow-up kypes expressing my concerns. In response, I received a disciplinary response from Nurse Manager Brenden Magee. Nurse manager Magee intercepted all of my kypes, thereby preventing me from having this incident logged into my medical file. Nurse manager Magee did this to cover up Nurse McCrae's improper actions.

Direct witnesses to the damage Nurse McCrae did to my foot were RNs John and Whitney. They can be contacted at the Oregon State Penitentiary and should be able to recall this incident well.

PS. I want her terminated so she can't do this to anyone else in the future because she will!

H 11-1-16
Resubmit 11-1-16**Oregon State Board of Nursing**

Attention: All online services will undergo routine maintenance on December 27 and 28. As a result, all online services, including license Online Complaints will be unavailable from 8 a.m. December 27 until 5 p.m. December 28. Thank you for your patience.

Discipline and Complaints - File A Complaint Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

NOTE: You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required () fields below with your information.*

Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name: Your Last Name: Title: Relationship to Licensee: Agency or Organization: Address Line 1: Address Line 2: City: State: Zip Code: Email Address: Phone Number/Extension: **Your Complaint is Against (Licensee):**

Please complete as many of the fields below as you can.

Licensee First Name: *Licensee Last Name: *License Type: CNA LPN NP Other CMA RN CRNA

License # (if known):

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

Licensee's place of work (Facility):

City of place of work:

Licensee's Supervisor:

Licensee's Supervisor's Phone:

Complaint Facts: *

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Attachment - A.

How did you become aware of the incident or concern?

Date of Incident: *
[MM/DD/YYYY]

Location of Incident: *

Patient's First Name:

Patient's Middle Initial:

Patient's Last Name:

Patient's Date of Birth:
[MM/DD/YYYY]

Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

Yes No

Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

Please see Attachment - B.

Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

	Browse...

Verification by Oath or Affirmation:

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

Q H₈ Y H

Enter the code shown to guard against electronic spam:

SUBMIT Complaint

Attachment A

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by Nurse Julie McCrae. When Nurse McCrae changed my bandages, she was angry with me for being scheduled for a bandage change at a time she disagreed with. She believed that I manipulated my bandage change schedule, but I have nothing to do with scheduling in the prison infirmary. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary. This action did not reflect competent or ethical care.

Attachment B

WITNESSES

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN John, he was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage I had as they unwrapped the bandage. RN. Whitney then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

My medical file had been misplaced for several days prior to this incident and I asked both Nurse John and Nurse Whitney to please take a mental note and to please document their findings into my medical file as soon as it was found. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kypes (communication forms) to remind them that they said they would not the condition of my foot. I did not get a response from them, so I sent them follow-up kypes expressing my concerns. In response, I received a disciplinary response from Nurse Manager Brenden Magee. Nurse manager Magee intercepted all of my kypes, thereby preventing me from having this incident logged into my medical file. Nurse manager Magee did this to cover up Nurse McCrae's improper actions.

Direct witnesses to the damage Nurse McCrae did to my foot were RNs John and Whitney. They can be contacted at the Oregon State Penitentiary and should be able to recall this incident well.

Oregon State Board of Nursing

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Please complete all required () fields below with your information.*

Your (Complainant) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name:

Your Last Name:

Title:

Relationship to Licensee:

Agency or Organization:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name: *

Licensee Last Name: *

License Type:

CNA LPN NP Other CMA RN CRNA

N.M.

License # (if known): Address Line 1: Address Line 2: City: State: Zip Code: Email Address: Phone Number/Extension: Licensee's place of work
(Facility): City of place of work: Licensee's Supervisor: Licensee's Supervisor's Phone: **Complaint Facts: ***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see attachment - A

How did you become aware of the incident or concern?

Date of Incident:
[MM/DD/YYYY]

When & learned he interfered with my medical records

Location of Incident: * Patient's First Name: * Patient's Middle Initial: Patient's Last Name: * Patient's Date of Birth:
[MM/DD/YYYY] Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

Yes No

Witness Information:

Be sure to include full witness names, addresses and telephone numbers, and statements made by the witness(es) regarding incidents.

see attachment - A

Supporting Documentation:

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

<input type="file"/>	<input type="button" value="Browse..."/>

Verification by Oath or Affirmation:

Dennis Sines 12-16-15

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

Q H₈ Y H

Enter the code shown to guard against electronic spam:

Attachment A**COMPLAINT FACTS**
(RE: Nurse Brenden Magee)

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kytes from Nurse Manager Magee on the same day. In one response, he advises me not to send any further kytes to his nurses and accuses me of using "staff splitting tactics" even though all I was attempting to do was to have my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me a Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kytes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To accomplish this, he falsely accused me of attempting to cause problems between staff. This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that "staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee

directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

I am asking that Nurse Brenden Magee be disciplined for his efforts to interfere with my medical record, for interfering with witnesses to my medical condition, and for trying to conceal or cover-up the wrongdoing of Nurse McCrae.

Witnesses

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kypes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued.

Dated this 16th day of December, 2015

Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

R.N. NM, Magee

11-1-16

Oregon State Board of Nursing**Discipline and Complaints - File A Complaint or Self-Report Form**

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

NOTE: You will receive an email confirmation with the contents of your form submission once the form has been successfully submitted.

Please complete all required () fields below with your information.*

Your (Complainant or Self-Reporter) Information:

(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)

Your First Name: Dennis

Your Last Name: Gines

Title: Inmate - Victim

Relationship to Licensee:

--Select--

Agency or Organization: Oregon State Pen.

Address Line 1: 2605 State st.

Address Line 2:

City: Salem

State: OR

Zip Code: 97310

Email Address:

Phone Number/Extension:

Your Complaint is Against (Licensee):

Please complete as many of the fields below as you can.

Licensee First Name: Brendan *

Licensee Last Name: Magee *

License Type:

CNA LPN NP CNS
 CMA RN CRNA Other

RN.
NM.

License # (if known):

Address Line 1: 2605 State st. Salem, OR.

Address Line 2: 97310

City:
 State:
 Zip Code:
 Email Address:
 Phone Number/Extension:
 Licensee's Place of Work (Facility):
 Licensee's Work Address Line 1:
 Licensee's Work Address Line 2:
 Licensee's Work Address City:
 Licensee's Work Address State:
 Licensee's Work Address Zip Code:
 Licensee's Supervisor:
 Licensee's Supervisor's Phone:
 Licensee Employment Status (if known):

Complaint Facts: *

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent.

Please see Exhibit A,
 Kyles with his response addressed to others,
 Grievances and His Bogus disciplinary report he -
 falsely issued out of intimidation / Coercion. Cover up!

Date of Incident: *
 [MM/DD/YYYY]

Location of Incident:
 Location of Incident Address Line 1:
 Location of Incident Address Line 2:
 Location of Incident Address City:

Location of Incident

Address State:

Oregon

Location of Incident

Address Zip Code:

97310

Patient's First Name:

Dennis

Patient's Middle Initial:

L.

Patient's Last Name:

Gines

Patient's Date of Birth:

[MM/DD/YYYY]

4/27/1969

Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:

Yes No *I FILED A PREVIOUS COMPLAINT WITH THE OREGON BOARD OF NURSING. THIS COMPLAINT WAS never acknowledged. 12-16-15*

Witness Information: *PLEASE SEE COVER LETTER*

Witness' First Name::

Witness' Last Name:

Witness' address line 1:

Witness' address line 2:

Witness' address city:

Witness' address state:

Witness' address zip code:

Witness' Email Address:

Witness' Phone:

*Please see Exhibit B.***Witness Statement:****Supporting Documentation:**

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to molly.taube@state.or.us or fax to (971) 673-0684.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

<input type="file"/>	Browse...

Verification by Oath or Affirmation:



I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will conform to ethical standards of conduct and obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

Dennis Gines 11-1-16

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

SUBMIT Complaint

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Attachment A

COMPLAINT FACTS
(RE: Nurse Brenden Magee)

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kytes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kytes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kytes from Nurse Manager Magee on the same day. In one response, he advises me not to send any further kytes to his nurses and accuses me of using "staff splitting tactics" even though all I was attempting to do was to have my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me a Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kytes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To accomplish this, he falsely accused me of attempting to cause problems between staff. This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that "staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee

Exhibit B

directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

I am asking that Nurse Brenden Magee be disciplined for his efforts to interfere with my medical record, for interfering with witnesses to my medical condition, and for trying to conceal or cover-up the wrongdoing of Nurse McCrae.

Witnesses

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kypes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued.

Dated this 16th day of December, 2015

Dennis Gines 11-1-16
Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

PS. I want him terminated so he can't
continue his corruption - because he will!

Dennis Gines, SID# 12019691
2605 State Street
Salem, Oregon 97310

April 21, 2017

Oregon Office of the Governor
Attn: Boards & Commissions
900 Court Street, NE, Suite 160
Salem, Oregon 97301-4046

RE: Complaint against the Oregon Board of Nursing

Dear Boards & Commissions,

I would like to file a complaint against the Oregon Board of Nursing. Please provide me with the information and form(s) I will need to file the complaint.

Your assistance will be very much appreciated.

Thank you for your time and attention to this request.

Sincerely,

Dennis Gines

c: File

Attachment 7

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

1 of 6

TO: Gov. Kate Brown, Date: 3-28-17

State your issue in detail: Hello ma-am, my name is Dennis Sines and I am currently incarcerated at the Oregon State Pen. I am forced to write you concerning a very serious medical abuse situation I had to endure by one of the nurses here and too; everyone involved, from the nurse manager to the Oregon State Board of nursing are attempting to cover up this medical abuse I in fact had to endure! On 5-30-15, while working my shift in the culinary here at OSP, I was badly burned on both feet when another inmate was taking five gallon buckets of boiling water out of steam Kettles (used to cook food) and throwing it on the kitchen floors to clean with, - he was not paying attention and threw the hot water under the counter, he did not see me an -

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: the other side and filled up both of my tennis-shoes with boiling water. Needless to say, I had spent the whole afternoon in the infirmary soaking my feet in ice water. When leaving, the nurse had asked me what time I wanted to get my daily treatments done at? I chose 6pm, and was issued a daily infirmary Pass for treatments at 6 pm. and I received great care for three or four days until RN. Julie McRae was on duty.

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____ cont.

If forwarded, please notify the inmate

Attachment 8

CD 214 (12/04)

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

2 of 6

TO: _____ Date: 3-28-17

State your issue in detail: She was very rude and demanded to know why I was in the infirmary? I said, "I was there for a bandage change!" She said, "no - not that, why are you here at 6 pm?" I said, "I was given that time by the other nurses!" She said rudely, "You are supposed to be up here earlier in the day!" I explained, "that I was not responsible for issuing infirmary passes" and "the nurses in the days before made no complaints", "just you!" She said, "She was gonna change my treatment times at 2:30 pm!" "I asked her to Please leave me at 6 pm?" She said, "No" very rudely and seen me out. The next day, I told another nurse what took place and ask her to Please Put me back at 6 pm. and she did. One week later on 6-10-15, when RN. McCrae found out I changed the time back;

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: She summand me to the infirmary VIA a specialized Block Sergeants Pass, in which I still have! She had one of the inmate workers hold the infirmary door open for me even though the wait room was full of men ahead of me. She started yelling at me for having another nurse change my time back at 6 pm. and she demanded me to change my bandage right then because, it was already there! I knew by her bad attitude that she was gonna re-injue my wounds!

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____ cont.
 If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

3 of 6

TO: _____ Date: 3-28-17

State your issue in detail: *I tried to unwrap my bandage before she could injure me, but, the bandage I had on is Caban, much like an ace bandage except, Caban has self adhesive glue on it, I still had two full wraps around my foot and a gauze pad directly on my wound when RN. McCrae grabbed the Caban and pulled hard straight up causing the Caban to twist around my foot. Then the gauze pad had wadded up and together with this twisting motion, my bandage came loose very violently. Her abuse caused a piece of flesh to come off of my wound. She then realized what she had done once she seen the blood. She then tried to laugh and act as if she didn't just re-injure my wound.*

Inmate Committed Name (first middle last)

SID#

Housing Unit

Response/Action Taken: *She said, "look - theres no blood," as she hastily grabbed burn ointment and a rag to sop up the blood as she hastily put a crude bandage on and rush me out of the infirmary. There was no one else on duty I could speak to so, I returned to my cell and took a handful of aspirin. The next day, I immediately explained what took place the night before and asked that nurse to please bring in another nurse into the room.*

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____
 If forwarded, please notify the inmate _____ can't.

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

4 of 6

TO: _____ Date: 3-28-17

State your issue in detail: *As a witness to the only bloody bandage I had and to date, those two nurses had changed most of my bandages up to date so, they could testify to no prior bloody bandages. Unfortunately my Medical file had been misplaced for about three days before this. So, I was very interested in having this bloody bandage into my file so, I could file a complaint on RN. McCrae for her re-injury of my wounds. I sent these two nurses Kytes as well as RN. McCrae, the nurses to remind them to please log it into my medical file, they said the would, RN. McCrae asking her "why"? I was gonna grieve RN. McCrae for her abuse in which, we only have 30 days from the day of the*

Inmate Committed Name (first middle last)	SID#	Housing Unit
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Response/Action Taken: *incident. I sent a total of 5 Kytes to several different nurses and when my 30 days was near, I sent a follow up kytic to the nurses to log this into my file when found. I then got ALL of my Kytes back with someone else's response on them, not the nurses I addressed these Kytes to. Nurse Manager Brenden Magee had responded on every one of my Kytes, calling me a liar.*

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____ can't
 If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

5 of 6

TO: _____ Date: 3-28-17

State your issue in detail: About what took place even though NM. Magee was not present the day of my abuse. The next day, I received a bags write up from NM. Magee for 3 major offenses. The first was - False info to Staff-1., Compromising Staff-1., and Disobedience of an Order 1. once the hearings officer seen ALL of my kites when not anything abnormal to an designed Communications system here, he draped this bags write up. This is how far NM. Magee was willing to go to keep me from speaking out about this abuse and he wanted nothing more than to cover this whole thing up through - Caercian ~~or~~ intimation. I filed a complaint on RN McCrae and RN. Magee over a year

Inmate Committed Name (first middle last)	SID#	Housing Unit
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Response/Action Taken: aga and now the Board of Nursing is attempting to cover this up claiming they never received my first complaint. I did not bother to send my first complaint registered mail, this is the Board of Nursing and I thought they were gonna be honest but, they are very dishonest! They are allowing these two nurses to assault others in the future and cover up the abuse. It's no wonder these nurses have a clean record!

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____
 If forwarded, please notify the inmate can't

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

b. of 6.

TO: _____ Date: 3-28-17

State your issue in detail: After all, they have the Board of Nursing to cover up everything. Shame on them!!!
Several months after filing my first complaint, I sent several letters to the Board looking into my complaints. I am sending you a copy of this detailed letter, of one of three I sent, that were very alarming to anyone accept the Board!
It's now my understanding that there is no appeal for my alarming complaints so, I am asking you to Please send me a complaint Packet for the Oregon State Board of Nursing?
OR an appeal if there is one? Thank you for your understanding! Dennis Sines

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Sines	12019691	C-212-B

Response/Action Taken: _____
P.S. My family has been calling your office leaving messages asking for this complaint package and you have not returned these calls - not sure why?

Please send Packet to:
Dennis Sines 12019691
2605 State St.
Salem, OR 97310

Date Received: _____ Referred To*: _____

Date Answered: _____ Signature of Staff Member: _____
 If forwarded, please notify the inmate

Returned for corrections
Grievance #

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B
Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- Misapplication of any administrative directive or operational procedure
- The lack of an administrative directive or operational procedure
- Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- Any oversight or error affecting an inmate
- A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 p.m.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Almost 2 years ago, I was badly burnt on both feet while working my shift in OSP kitchen as another untrained inmate took five gallon buckets of boiling water out of the steam kettle, used to cook food, throwing the hot water on the floor to clean with. He was not paying attention as he threw the hot water on both of my feet leaving me with burns that took over 21 days to heal. I received great care from daily treatments at 6 pm. for about one week until RN. McGrath was on duty, and I was there at 6pm., very rude, insistent on 2pm treatments against my request. The next day I asked another nurse on duty to put me back at 6pm., she did. I got great care again for another week until this nurse found out, she was so mad at me she had me specially called

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

to the infirmary V.I.A. "Black Sergeant Pass", hours before my scheduled treatments. She had a guy hold the infirmary door for me to enter as she started to yell at me for going above her head having my schedule changed.

4 - 1A - 17

Date

Inmate Signature

6000

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

<u>Receiving Facility</u> (if not processing facility)	<u>Received at Processing Facility</u>
Date Stamp	Date Stamp

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS L. 12019691 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

2 of 3

Reason for grievance: (check all that apply)

- Misapplication of any administrative directive or operational procedure
- The lack of an administrative directive or operational procedure
- Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- Any oversight or error affecting an inmate
- A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 - 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Under minning her ! still yelling, rude, she demanded I let her change my bandage right then. I sensed her bad attitude, tried to unwrap my bandage where she could touch me, she grabbed my bandage, intention Pulled ~~out~~ it straight up causing my Cabon bandage to twist around my foot as she tore flesh from my wound, made it bleed. I filled a complaint on her with the Oregon State Board of nursing, they claim I got same treatment which is completely wrong, they are attempting to cover up the medical abuse I in fact had to endure ! I mention another nurse, my complaint as a witness, recently sent her two Kytes with my legitimate medical history concernse on them and I got them back with nurse -

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

manager Gary Coffey's response on them, claiming my Kytes as inappropriate the middle part of his response is completely unlegable - unclear, it goes on to give me a directives to -

4-12-17

Date

Dennis Gines

Inmate Signature

cont

Distribution:

- White (Original grievance form)
- Yellow (Grievance file copy)
- Pink (Inmate receipt after processed)
- Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility
(if not processing facility)

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Date Stamp

Date Stamp

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES Dennis L 12019691 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

3 of 3

Reason for grievance: (check all that apply)

Misapplication of any administrative directive or operational procedure

The lack of an administrative directive or operational procedure

Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises

Any oversight or error affecting an inmate

A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation

The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)

Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4 pm.

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

Please do not make similar moves in the future! All of Peet and my Kyle is, has the Board of nursing contacted you in regards of me? This Kyle is dated 3-17-17, attached for you to see I have not done anything wrong was I making any moves as she says. The only reason miss Coffey has given me such directives is because she is attempting to cover up the medical abuse I endured by having my legitimate Kyle as inappropriate to keep me from speaking out. She is also interfering with my access to our Kyle system she is also tampering with a witness, gave this witness a directive to not speak out in my behalf! This directive also sets me up for a bogus DR. Write ups in the future!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Miss Coffey needs to stop intercepting my Kyle addressed to others and she needs to be reprimanded for tampering with witness, she needs proper training in actual inappropriate Kyle!!! See Kyle attached

4-12-17

Date

Dennis Gines

Inmate Signature

Receiving Facility
(if not processing facility)

Received at Processing Facility

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Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

pg. 1 of 5

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: Gines Dennis L
Last First Initial12019691
SID#C-212-B
Cell/Block/Bunk #

Reason for grievance: (check all that apply)

Misapplication of any administrative directive or operational procedure

The lack of an administrative directive or operational procedure

Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises

Any oversight or error affecting an inmate

A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation

The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)

Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I am grieving nurse manager Karen Callen for her continued attempt to cover up a very serious re-injury I received from one of her nurses here in the Oregon State Pen. infirmary as follows: I was originally badly burnt on both feet while working my shift in the OSP culinary department when another inmate took five gallon buckets of boiling water from the steam kettle. (used to cook food), throwing it on the floor to clean the floors with, he threw the water on both of my feet causing over 21 days to heal. The night of my burns, I was issued a "Daily Pass" for 6:00 by nursing staff; got great care for the first 4 days until, RN. DR. Grace was on duty and very rude and mad because I was there at 6 PM.

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

for treatments. She was insistent on changing the time to 2:30 pm. even after my repeated requests to leave me at 6:00 pm. The next day, I asked another nurse to Please Put me back at 6:00 pm. schedule?

5-5-17

Date

Dennis Gines cont.
Inmate Signature

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility
(if not processing facility)

Received at Processing Facility

Date Stamp

Date Stamp

pg 2 of 5

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS I. 12019691 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- Misapplication of any administrative directive or operational procedure
- The lack of an administrative directive or operational procedure
- Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- Any oversight or error affecting an inmate
- A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 / 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

And she P-t me back on my schedule, again. I got great care with no complaints from staff for one more week until RN. MCrae was on duty, and seen me in the waiting room as she was getting off of work. The next day, I was summoned to the infirmary by nurse MCrae at 2:30 pm. VTA "Black Sergeant Pass". She had the door held open by an inmate, as I entered, she was very mad & had my schedule change against her wishes, claimed I was in her authority, demanded I get my bandage changed right then. With her bad attitude, I tried to remove my bandage before she could touch or insure me but, she did indeed grab my bandage and pull it straight up –

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

Causing my bandage to spin around my foot until it frayed loose thereby causing me to bleed and re-injured my foot.

cont.

5-3-17

Date

Dennis Gines

Inmate Signature

Distribution:

- White (Original grievance form)
- Yellow (Grievance file copy)
- Pink (Inmate receipt after processed)
- Goldenrod (Inmate copy)

For grievance information see back page

<u>Receiving Facility</u> (if not processing facility)	<u>Received at Processing Facility</u>
Date Stamp	Date Stamp

3 of 5

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES Dennis L 12019691 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

- Misapplication of any administrative directive or operational procedure
- The lack of an administrative directive or operational procedure
- Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
- Any oversight or error affecting an inmate
- A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
- The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
- Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

I filed both a grievance, complaint with the Oregon State Board of Nursing and I mention RN. Hughes as my witness on, after the Board claims they found nothing wrong with removing off someone's bandages, sent me a denial, I sent RN Hughes a Kyle asking first for her to call me up on, I could let her read my complaint denial dated 3-8-17, Camry Coffey then responded on her Kyle, so I sent RN. Hughes a second Kyle asking one question only, "Did the Board of nursing contact you in regards of me?" NM Camry Coffey again responded dated 3-14-17, she claims my Kyle's are inappropriate, gives me

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

a directive to not make similar moves in the future. I sent NM Coffey a Kyle that was actually addressed to her asking "how is this inappropriate" with my legitimate medical history – and

5-5-17

Date

Dennis Gines

Inmate Signature

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

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Receiving Facility (if not processing facility)	Received at Processing Facility
Date Stamp	Date Stamp

4-65

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: GINES DENNIS L 12019691 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

Misapplication of any administrative directive or operational procedure

The lack of an administrative directive or operational procedure

Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises

Any oversight or error affecting an inmate

A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation

The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)

Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4-10-17

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

concerns on my Kyles? The only reason you claim my Kyles are inappropriate is just another one of your continued attempt to cover up the medical abuse I in fact had to endure by your McCrae by keeping me from speaking out to other staff members. Also, you have given staff directives not to talk to me as well! Moreover, I am required by rule to document and file my grievance or Board claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120 states that, "staff should make every effort to respond to an inmate communication form within seven days of receipt!"

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

It does not say that other staff should intervene in the communications.

cont.

5-5-17

Date

Dennis Gines

Inmate Signature

Distribution:

White (Original grievance form)

Yellow (Grievance file copy)

Pink (Inmate receipt after processed)

Goldenrod (Inmate copy)

For grievance information see back page

<p>Receiving Facility (if not processing facility)</p>	<p>Received at Processing Facility</p>
<p>Date Stamp</p>	<p>Date Stamp</p>

5 of 5

Grievance #

Staff Use Only

GRIEVANCE FORM

Inmate: DINIS DENNIS L 120197491 C-212-B
 Last First Initial SID# Cell/Block/Bunk #

Reason for grievance: (check all that apply)

Misapplication of any administrative directive or operational procedure
 The lack of an administrative directive or operational procedure
 Any unprofessional behavior or action which may be directed toward an inmate by an employee, contractor, or volunteer of the Oregon Department of Corrections or the Oregon Corrections Enterprises
 Any oversight or error affecting an inmate
 A program failure as defined in the DOC rule on Performance Recognition and Award System (Inmate), OAR 291-077-0020, unless the program failure is a direct result of a misconduct report where the inmate was found in violation
 The loss or destruction of property as designated in the DOC rule on Personal Property (Inmate), OAR 291-117-0130(3)
 Sexual contact, solicitation or coercion between an employee, volunteer or contractor and an inmate

Please provide the date/time of incident giving rise to grievance: 3-17-17 4:10pm

List in detail all the reasons for your grievance. Use multiple grievance forms if necessary. (What is the problem? When did it happen – date/time/place?) Attach copies of any documents or any material(s), which support your grievance, including the names of any persons you think should be questioned.

However, N.M. Coffey has continued to interfere in the care of me, and did not allow this process to occur. Instead, nurse manager Coffey directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule for my legitimate efforts to have my medical records updated – accurately! The other medical staff are quite capable of answering their kites addressed to them but, N.M. Coffey knows I am working on my legal options and will do anything to keep this issue covered up like announcing my kites as "inappropriate"!

Period!!

Describe what action you want taken to resolve the grievance. (How can the problem be solved?)

N.M. Coffey needs to be reprimanded for her cover up attempts, she needs training on how to properly use and return kites that are addressed to her only! See all three kites attached as proof of her deceptions, on 3-5-17 let staff answer their kites - Dennis Dennis

Date

in the future and stay
clear of cover ups!

Inmate Signature

Distribution:

White (Original grievance form)
 Yellow (Grievance file copy)
 Pink (Inmate receipt after processed)
 Goldenrod (Inmate copy)

For grievance information see back page

Receiving Facility (if not processing facility)	Received at Processing Facility
--	---------------------------------

Date Stamp

Date Stamp

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

TO: Medical 105P Date: 3-8-17

State your issue in detail: Nella, I recently received some documents from OSBN. and I need to let RN. Whitney Hughes read them so she can brought up to speed. Miss Hughes hasn't done anything wrong but, this is important she read these! Thank You!

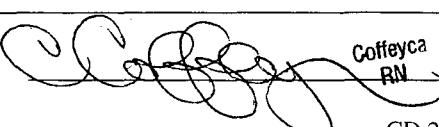
Respects - Dennis Gines

D

Inmate Committed Name (first middle last)	SID#	Housing Unit
<u>Dennis Gines</u>	<u>12019691</u>	<u>C-212-B</u>

Response/Action Taken:	<u>You can attach them to a R/T</u>	<u>Triaged</u>
<u>OK</u>		<u>Date: 3/9/17</u> <u>Initials: AS</u>

Date Received: _____ Referred To*: _____

Date Answered: 3/10/17 Signature of Staff Member: 
Coffeyca RN

If forwarded, please notify the inmate

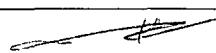
OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

TO: Medical / Hughes Date: 3-14-17

State your issue in detail: Hella ma-am, my name is Dennis Gines and you probably don't remember me! Can you please tell me if the Oregon State Board of Nursing has contacted you in regards of me? Thank you for your time!

Respects - Dennis Gines



Inmate Committed Name (first middle last)	SID#	Housing Unit
<u>Dennis Gines</u>	<u>12019691</u>	<u>C-212-B</u>

Response/Action Taken:

Mr. Gines - your Kyle is inappropriate if you made a complaint they naged
if you made a complaint they naged
board will do as appropriate
Please do not make usimilar messages
in the future.

Date: 3/16/17
 Initials: MM

Date Received: _____ Referred To*: _____

Date Answered: 3/17/17 Signature of Staff Member: CD 214 (12/04)
 *If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS
INMATE COMMUNICATION FORM

Triaged

Date: 4-10-17
Initials: 2TO: Medical - Coffey - OSP Date: 4-10-17

State your issue in detail: You intercepted and interfered with two Kytes I recently sent to other staff member, other than you! One Kyte addressed to RN Hughes stated, "Hello Ma-am, you probably don't remember me!" Can you please tell me if the - Oregon State Board of nursing has contacted you in regards of me? Thank you for your time! Respects - Dennis Gines!"

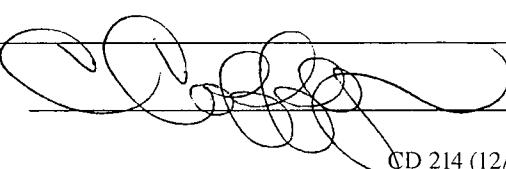
In your response you state, "My Kyte is inappropriate" and the middle of your response is illegible - unclear, it then states, "Please don't make similar moves in the future?" How is my Kyte with my legitimate medical history concerse inappropriate? Please explain, (see copy of Kytes attached)?? Also, is this your continued attempts to cover up the medical abuse I in fact had to endure at the hands of another OSP medical staff?

By announcing my Kytes as "inappropriate"? Please explain?

Inmate Committed Name (first middle last)	SID#	Housing Unit
Dennis Gines	12019691	C-212-B

Response/Action Taken: I stated your mailing is inappropriate. You are free to make complaints to the nursing board. However you may not staff if they have been informed what did occur.

Date Received: _____ Referred To*: _____

Date Answered: 4/13/17 Signature of Staff Member: 
If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORT

CASE # _____

Name: Gines, Dennis SID # 12019691 Housing: D-276A Assignment: _____
 (Last, First, MI)

ODOC Facility: OSP Location of Violation: Health Services Date: 07/02/2015 Time: 9:45am

Charge(s) WRITE IN THE APPROPRIATE RULE(S)

4.01	<u>Disobedience of an Order I</u>	<u>Major</u>			
Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>	Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>
3.01	<u>False Information to Employees I</u>	<u>Major</u>			
Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>	Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>
4.15	<u>Compromising an Employee</u>	<u>Major</u>			
Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>	Rule #	<u>Title of Rule</u>	<u>Major/Minor</u>

Description of violation (explain how you discovered/learned the facts and who, what, when, where, and how. Use continuation sheet if needed.):

On June 24, 2015, I Nurse Manager Brenden Magee was responsible for addressing 2 inappropriate medical kypes received from Mr. Dennis Gines (Sid# 12019691) related to his regimen of daily wound care treatments in Health Services. In his kypes, which were directly addressed to 2 individual nurses, Mr. Gines falsely accuses a third nurse of inappropriate and unprofessional conduct, and attempted to enlist the services of the 2 nurses addressed, to report and/or act against the third nurse as part of his future actions to file a complaint against nurse 3. Mr. Gines was instructed that the third nurse's actions were not inappropriate or unprofessional, and that his allegations were unfounded. He was then ordered to cease sending inappropriate communications to Health Services, as they were viewed as clear examples of "staff splitting" tactics of manipulation.

On July 2, 2015, I received another medical kype from Mr. Gines, which was again addressed to one of the first two nurses addressed, and contained a very similar message of deception as an attempt to compromise the staff member to take action against the third nurse, based on false information which was intentionally reported by him. At this time, the third kype was responded to, and another order was given to Mr. Gines related to him immediately ceasing any inappropriate communications with OSP staff.

Disposition of Physical Evidence: Available upon request (3 medical kypes containing all information)
 Staff Witnesses: N/A

Immediate Action Taken: Misconduct report written
 Submitted by: Brenden Magee, RN, Nurse Manager *Brenden C. Magee* Time: 8:30pm am/pm Date: 07/06/2015
 Printed Name and Signature Title

Reviewing Supervisor: Christina Dries, Nurse Manager Time: 0450 am/pm Date: 07/07/2015
 Printed Name and Signature Title

*****PLACED IN HOLDING STATUS*****

As officer-in-charge, I have reviewed the foregoing Misconduct Report and find that the rule violation(s) is/are of such a serious nature that the good order and security of the facility require immediate removal of the inmate and placement in segregation status because:

Placed in Segregation by: _____ Time: _____ am/pm Date: ____ / ____ / ____
 Printed Name and Signature Title

Pre Hearing Segregation Approved: _____ Denied: _____ Release Ordered: _____
 Signature Title Date

Inmate Copy Delivered by: C/O J. TUTMARU *B. J. Tutmaru* 7/7/15 @ 10:00 AM
 Printed Name and Signature Title Time/Date Served
 CD 293D (11/95)



OREGON DEPARTMENT OF CORRECTIONS
LOSS OF PRIVILEGES SANCTION ORDER

Name: GIVES, DENNIS Case #: 15870580018DSP2L Date: 7-10-15
 SID #: 12019601 Housing: B 276A Hour: 12:21 PM

RULE(S) VIOLATED: 4.15, 4.01, 3.01 DENNIS LFA MORE APPROPRIATE

Days loss of all designated leisure time activities as follows:

ALL LISTED ACTIVITIES

Hobby Shop	<input type="checkbox"/>	Dayroom (movies / television)
Canteen	<input type="checkbox"/>	Recreation Yard / outside activities
Cardroom	<input type="checkbox"/>	Multipurpose Building / inside activities
Picture-taking program	<input type="checkbox"/>	Library – recreation reading program (except Legal Library)
Telephone	<input checked="" type="checkbox"/>	All inmate organization meetings (except AA / NA)
Other	<input type="checkbox"/>	

Effective from: _____ **Through 2400 hours (midnight):** _____

Hours extra duty to be completed by 2400 hours (midnight) on: _____

COMMENTS: _____

If an inmate is on loss of all privileges, unless otherwise exempted by the terms of this Sanction Order, she/he must remain in her/his assigned cell/bunk area except for: meals, call-outs, work assignments, assigned educational, professional and/or technical training classes, and visits. If Canteen privileges are restricted, an inmate may purchase seven (7) envelopes and basic hygiene items which include: shampoo, body lotion, tooth paste, denture cleaner, Tylenol or medication, each week during the period that she/he is on loss of Canteen privileges. Inmates on loss of all privileges may attend one denominational worship service of her/his choice each week that she/he is on loss of all privileges.

Emergency and legal phone calls may be made in accordance with the Department of Corrections rule on "Telephones (Inmate)" and the established procedures of the facility of confinement. An inmate must make arrangements for emergency/legal phone calls with the appropriate designated staff member. Failure to do so constitutes a violation of the written Sanction Order.

If an inmate under sanction is transferred from one Oregon Department of Corrections facility to another during the effective period of this Order, the inmate remains subject to the terms of the Order unless otherwise exempted by administrative action.

A "Sanction Order" is a valid written order. Inmates violating the terms of a Sanction Order may receive an additional Misconduct Report, and if the violation is established, additional disciplinary sanctions.

The Department of Corrections rule on "Prohibited Inmate Conduct and Processing Disciplinary Actions" does not provide for the appeal of disciplinary hearing decisions to the Functional Unit Manager; within 7 working days following the conclusion of the hearing, the Hearings Officer shall prepare and issue a Preliminary Order containing the Hearings Officer's Findings of Fact and Conclusions of law. Once issued, the Preliminary Order shall be delivered to the Functional Unit Manager or designee for her/his processing in accordance with the terms and limitation of OAR 291.105.

Goldfarb/Notzinger

Signature of Hearings Officer

CD 103D 10/04



D-27b^x Oregon Department of Corrections (ODOC)

Mission: To promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior

Disciplinary Hearing

Finding of Fact, Conclusion, and Order

Offender Name:	Gines, Dennis	Case #:	1507 OSP 0018 OSP 26
SID:	12019691	Date(s) of Hearing:	07/10/2015

Rules Charged

4.15 - Compromising an Employee	Plea	RECD
4.01 - Disobedience of an Order I	Deny	JUL 14 2015
3.01 - False Info to Employees I	Deny	

Procedural Points

Inmate received a copy of the Misconduct Report, Notice of Hearing, Notice of Inmate Rights in a Hearing and Rules of Prohibited Conduct. The inmate acknowledged understanding the Misconduct Report and Inmate Rights in a Hearing.

Finding of Fact

On June 24, 2015 Nurse Manager Magee received Inmate Communications written by Inmate Gines and addressed to Nurse John and Nurse Whitney at OSP. Mr. Magee reported that in these Inmate Communications, Inmate Gines is attempting to get these two nurses to report and/or act against a third nurse. Copies of the Inmate Communications were provided as evidence in this case.

In the Inmate Communication written to Nurse John, Inmate Gines writes: "Well, I'm still gonna file a complaint on Nurse McCrae for ripping the bandage from my foot tearing skin off my wound and causing it to bleed. She did this because she was mad at me for having my treatment time changed and did that out of retaliation. She did this on 6-10-15 at 2:00PM. When she summoned me to Medical. But unless you and Whitney log my bloody bandage change that you witnessed on 6-11-15, then she is gonna get away with it." The Inmate Communication written to Nurse Whitney was also provided and was very similar.

Mr. Magee reported that he replied to both Inmate Communications on June 24, 2015. Inmate Gines was informed, "I view this kytic as being highly inappropriate and contains clear evidence of a "staff splitting" tactic of manipulation." Inmate Gines was then ordered to discontinue any such forms of inappropriate communication with OSP's Health Services Staff.

Mr. Magee reported that on July 2, 2015 he received a second Inmate Communication addressed to Nurse John with a similar message. Mr. Magee reported that he responded to this Inmate Communication as well, again ordering Inmate Gines to cease this inappropriate communication, and issued a misconduct report.

During his hearing, Inmate Gines reported that when he hand delivered the second Inmate Communication to Nurse John, he had not received the original response from Mr. Magee. Review of the two Inmate Communications shows that they are worded identically and appear to be hand written copies of the same. Inmate Gines was counseled about his behavior. Inmate Gines was informed that attempting to turn staff against each other was inappropriate behavior and will not be tolerated.

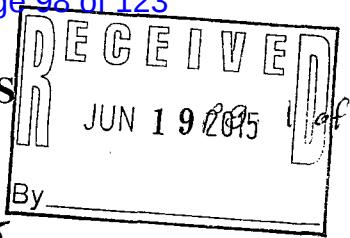
Ultimate Findings of Fact and Conclusions

Rule 4.15, Compromising an Employee; Rule 4.01, Disobedience of an Order I; Rule 3.01, False Info to Employees I; are dismissed. Corrective action using less formalized procedures would have been more appropriate.

I received on 6-25-15 for copy.

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

TO: Medical / McCrae Date: 6-10-15

State your issue in detail: On May 30th, I was burned badly on both feet with boiling water. After soaking in ice, I was cleaned and bandaged by nurse Joe. I was given a day in, shower shoe Pass and asked, what time I wanted my daily treatments and to keep in mind, that time will remain the same ^{throughout} your treatments! I Kept "my daily schedule" in mind and asked for 6pm, got my daily Pass and was getting great care until on /or around June 4th, at which time you were on duty. You immediately gave me an attitude because I was there at 6pm. You were very rude and insistant on 3pm visits starting on June 5th; I was not in agreement but, not wanting to have a confrontation with you, I went home to my cell. At which time, I received my "Yellow Pass" for 6pm. on the 5th of June, I tried to get out at 3pm but, was denied by a CO. I then used my "Yellow Pass" at 6pm. to get to the infirmary for treatment. I then asked the nurse on duty too Please Put me back on for 6pm. After all, I was already getting my "Yellow Pass" for 6pm and I have every since!

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: During my treatments, all of the other nurses were great and never said anything about my treatments at 6pm! On 6-9-15, I was extended for treatments for one more week because my foot was not healed yet. Nurse John at my request and witness too, he updated all of my Passes - including my 6pm treatments; I even watched him put it on the 400, "NO Problems! Then on the 10th of June at 2:45pm, hours before my pre-scheduled treatments, I was summoned to the infirmary by you. When I seen it was you, I wondered if you were updating my file or maybe there was something wrong with my file?

Date Received: _____ Referred To*: cont. on next page

Date Answered: _____ Signature of Staff Member: _____

*If forwarded, please notify the inmate

Her Copy.

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

RECEIVED

JUN 19 2015

By _____

TO: Nurse McCrae Date: 6-10-15 cont. from pg. 1State your issue in detail: When you said, "I thought I changed you for 3pm"?

You said this with a huge attitude so, I knew right away, you called me up there to harass me because, I had it changed against your personal wish. It had nothing to do with your professional opinion! You then insisted I get my bandage changed right then. As you began to totally manhandle my bandages, you asked "don't you expire tomorrow? I told you I got extended for treatment and you got mad saying, "NO", "you don't need it"! You assumed I was healed as you began to tear the bandages from my foot. I told you "I was tender still" but, you were still pulling at them. I again said, "I'm still sore"! You said "ah sorry" as you tore the last piece off. You tore skin off and caused my wound to bleed. It was then, that you realized the wounds were still fresh but, it was too late. By then, you already caused the reversal healing of my wound! You then put a crude bandage back on and I asked to stay on at 6pm. and you said, "nope, it

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Eines12019691D-276-A

Response/Action Taken: too late, its already changed for 3pm. You then instructed me to go"! Not even giving me an up-dated pass for the rest of my treatments. But, not wanting to deal with you anymore, I left! So, you took my changing the time personal, if not, why did you call me up there before my scheduled change at 6pm. and change the time again? You did this to "get even with me", and if you would have been easier while unstrap my bandage, you would not have caused me unnecessary pain and suffering. Your actions today were completely unnecessary, unwanted and - unprofessional to say the least!

Date Received: _____ Referred To*: Contd. on next Page.

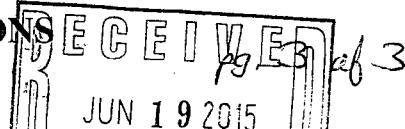
Date Answered: _____ Signature of Staff Member: _____

*If forwarded, please notify the inmate

Her Copy

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

TO: Medical / McCraeDate: 6-10-15 by cont. from pg 2.

State your issue in detail: Can You Please tell me why you would act in this matter and when I'm gonna get my Physicians Pass to repair the damage you caused? And to finish my treatments in hopes I dont get an infection from your abuse? You changed my bandage with contaminated gloves too, you exposed my wound to infections and viruses! Why would you do this to me? And why intentionally?? Is this not malpractice?

PS: Please view and return all 3 Kytes with your response.

Inmate Committed Name (first middle last)

Dennis Gines

SID#

12019691

Housing Unit

D-276-A

Response/Action Taken: Mr. Gines, RN, McCrae deferred her response to a Nurse Manager, so I will attempt to summarize the issue. RN McCrae does not believe that any personal factors influenced her actions, and that they were driven by nursing and departmental policies and procedures, as your medical records reflect. Please see my response to your Kyte addressed to Carrie Coffey, for further clarification. Thank you. — BCLMagee, RN, NM

Brenden Magee, RN, NMDate Received: 6/22/15 Referred To*: _____Date Answered: 6/23/15 Signature of Staff Member: BCLMagee, RN, NM

*If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

JUN 19 2015

By _____

TO: Health Service Mgr. Carrie Coffey Date: 6-10-15

State your issue in detail: Bella Ma-am, my name is Dennis Gines and I have a situation I hope you'll help with? To make a long story short, I was burned on my feet with boiling water on 5-30-15 and was receiving daily care on/around the 4th of May while receiving my treatment at 6 PM. Nurse McCrae was on duty and said I was there at 6 PM. She was very rude and insistant on changing it to 3 PM. This was against my will so, I left and the next day June 5th; I asked another nurse to put me back on for 6 PM, and she did! Mrs. McCrae took this totally personal as she called me up for treatment on 6-10-15, at which time, she assumed my wounds were healed as she tore my bandages off of my wounds. I told her they were still tender and again, I told her they were sore and her response was "oh I'm sorry"! As she siped the last piece off, she tore my skin on my wound causing it to bleed. She did all of this with contaminated gloves and her actions were completely intentional. Once she seen the wound was still fresh, it was too late at that point, she had already caused me unnecessary pain and suffering.

Inmate Committed Name (first middle last)

SID#

Housing Unit

Dennis Gines

12019691

D-276-A

Response/Action Taken: Now I have to worry everyday that I'm gonna get an infection and/or viruses because of her abuse! I am asking you to not allow her to harass me in any way or allow her to abuse me any longer? Thank you! I intend to file a complaint on Mrs. McCrae, just wanted you to know.

If you have questions Please contact me? Sincerely, Dennis Gines

Mr. Gines, I will respond to your concerns on behalf of Carrie Coffey, who is unavailable. First, I believe there is a misunderstanding related to scheduling sick call or treatment appointments. Sick call ends at 3:30 pm every day and RN McCrae was acting in accordance to OSP Health Services policies and procedures to change your... continued on attached paper.

Date Received: 6/22/15 Referred To*: _____Date Answered: 6/23/15 Signature of Staff Member: Bethany, RN

*If forwarded, please notify the inmate

Attachment to Kyte from Dennis Gines (12019691) received on 6/19/15 2 of 5

Continued from Kyte response...

- appointments from 6:00 pm to 3:00 pm. Unfortunately, this mistaken situation is a result of your appointments being scheduled too late in the day, initially, and then changed back. I apologize for the confusion this caused you, but 3:00 pm is a realistic and valid appointment time, regardless of anybody's personal preference.

In addition, I'm sorry for your perception and feelings that RN McCrae acted, or performed her duties, in a retaliatory manner. We in Health Services are driven to provide the best patient care we can while creating a healthy, therapeutic environment within our clinic. At this time, I am unable to uncover any information which might suggest that RN McCrae was acting unprofessionally, or performed any acts of abuse or negligence, but encourage you to continue to work with our Health Services department to promote your speedy recovery to full health. Also, please provide evidence to support any/all claims of professional misconduct or malpractice. Thank you for allowing me to help clarify this situation.

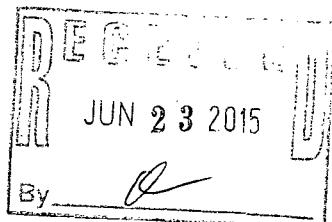
Brenda Magee, RN, NM

BCKMagee, RN, NM

Note: "yellow" call-outs are issued a day in advance, which will probably explain why you received another call-out for 6:00pm after it had been changed to 3:00pm, the day before.

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

TO: Medical / Nurse Whitney Date: 6-23-15

State your issue in detail: Hella Ma-am, this is Dennis Gines and I want ta thank you for the great care I received from you when you changed my bandage on my foot that was burnt. I told you about the treatment I got from Nurse McCrae when she intentionally tore my bandage from my foot on 6-10-15, causing my foot to bleed. She did this out of retaliation because we changed my treatment time against her wishes. On 6-11-15 when nurse John was changing my bandage, you and him witnessed the only bloody wrap I had throughout 19 days of treatments. She can't treat people like this and unless you and John log seeing my bloody bandage on 6-11-15, she's gonna get away with it! I am asking you to please log what you seen into my Med. file?

I appreciate your time Ms. Whitney. Thank you! Dennis

Inmate Committed Name (first middle last)

Dennis Gines

SID#

Housing Unit

12019691 D-276-A

Response/Action Taken: Mr. Gines, OSP Health Services Staff are always happy and thankful to hear that their efforts are acknowledged and appreciated. However, I view this Kyle as being highly inappropriate and contains clear evidence of a "staff-splitting" tactic of manipulation. Please discontinue any/all such forms of communication with OSP's Health Services Staff. Thank you. Brenden Mayes, RN, NM

Brenden Mayes, RN, NMDate Received: 6/24/15 Referred To*: _____Date Answered: 6/24/15 Signature of Staff Member: Brenden Mayes, RN, NM
'If forwarded, please notify the inmate'

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

DECEMBER
JUN 23 2015
By [Signature]

TO: Medical Nurse John Date: 6-23-15

State your issue in detail: Hella sir, this is Dennis Gines and I want to thank you for your exelent care I got from you, changing my bandages from my foot burn! Well, I'm still gonna file a complaint on Nurse McCrae for ripping the bandage from my foot tearing skin off my wound and causing it to bleed. She did this because she was mad at me for having my treatment time changed and did this out of retaliation. She did this on 5-10-15 at 2:00 PM. when she summand me to Medical. But, unless you and Whitney log my bloody bandage change that you witnessed on 6-11-15, then she's gonna get away with it. Her actions were very unprofessional and unacceptable. Please help by logging that into my Med. file? thank you for your help John. Its the only time I bled in 19 days

Inmate Committed Name (first middle last)	SID#	Housing Unit
<u>Dennis Gines</u>	<u>12019691</u>	<u>D-276-A</u>

Response/Action Taken: Mr. Gines, OSPI Health Services staff are always happy and thankful to hear that their efforts are acknowledged and appreciated.

However, I view this kyle as being highly inappropriate and contains clear evidence of a "staff-splitting" tactic of manipulation. Please discontinue any/all such forms of inappropriate communication with OSPI's Health Services Staff. Thank you.

Bonnie RN, NM

Brenden Magee, RN, NM

Date Received: 6/24/15 Referred To*: _____

Date Answered: 6/24/15 Signature of Staff Member: Bonnie RN, NM
If forwarded, please notify the inmate

OREGON DEPARTMENT OF CORRECTIONS

INMATE COMMUNICATION FORM

7-1-15

TO: Medical Nurse John Date: 6-23-15

State your issue in detail: Hella Sir, this is Dennis Gines and I want to thank you for your excellent care I got from you changing my bandages from my feet burns! Well, I'm still gonna file a complaint on Nurse McCrea for ripping the bandage from my foot tearing skin off my wound and causing it to bleed. She did this because she was mad at me for having my treatment time changed and did this out of retaliation. She did this on 6-10-15 at 2:00 pm. when she summand me to medical. But unless you and Whitney log my bloody bandage change that you witnessed on 6-11-15, then she's gonna get away with it. Her action were unprofessional and unacceptable. Please help by logging that into my Med file? Thank you for your time John, its the only time I liked in 19 days! I need this by the 500 I can file complaint

Thank You

Inmate Committed Name (first middle last)	SID#	Housing Unit
<u>Dennis Gines</u>	<u>12019691</u>	<u>D-276-A</u>

Response/Action Taken: Mr. Gines, in accordance to DOC rules and regulations related to inmate interactions with staff, and based on the previously issued warnings to discontinue your "staff splitting" tactics of manipulation, I am now going to issue you a formal report of disciplinary action (DR).

XXXX In addition any records pertaining to your medical care must be XXX obtained through medical records, and not through nursing staff.

Please consider this response as another direct order to cease and desist this form of inappropriate communication Brenden Magee, RN, NM

Brenden Magee, RN, NM

Date Received: _____ Referred To*: _____

Date Answered: 7/2/15 Signature of Staff Member: Bethany Aguirre, RN, NM

*If forwarded, please notify the inmate

my copy

sent on 11-3-15

NOTICE OF TORT

To: Oregon Department of Administrative Services
Risk Management Division
P.O. Box 12009
Salem, OR 97309-0009

R.N. Julie McRae
as mentioned.

From: Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

Prior to this incident, I had asked the food manager to provide me with work boots, but he refused. It was explained to me that the culinary department only provided work boots for only a few select inmates (approximately $\frac{1}{4}$ of the inmates working there) and that I was required to wear my own shoes. This is an unreasonable approach to safety because the entire culinary department contains various hazards, including the boiling water that injured me. I was working with the same hazardous conditions as those who were provided boots. If I had been issued boots, I would not have been injured.

After my injury, I was not assisted with submitting an accident report or provided any instruction for making a claim with the Inmate Injury Fund. In fact, it is apparent that this procedure is deliberately left vague and unexplained in an attempt to confuse those who need to make claims so that they will make procedural mistakes or miss deadlines. In fact, to this date, I have been provided no actual guidance on this matter and I do not know the status of my claim.

As a result of this injury, I was treated in the OSP infirmary. This treatment went well for the most part until I was treated by a Nurse named McRae. This nurse was angry with me for being scheduled to change my bandages at a time she disagreed with. When changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My

bandage had been changed several times previously and my foot was never re-injured until Nurse McRae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McRae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

Relief Requested

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of the neglect and deliberate indifference by ODOC Officials in failing to provide proper safety equipment and take proper safety precautions to protect me and other workers from harm. This includes a failure to properly train or equip workers under dangerous conditions as well as a failure to provide proper care for a work relate injury.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 3rd day of November, 2015.

I am se - submitting this notice of tort with the correct spelling of
nurse Julie McRae

Dennis Gines

Dennis Gines
Dennis Gines

11-20-15

for Tort corrections My Copy - sent on: 11-20-15

Dear Oregon Dept. of Admin. Services, Risk Management Division

Nella, my name is Dennis Gines and I filed a notice of tort for injuries that were deliberately caused by nurse McCrae here at OSP, on my foot while changing my bandage from an unrelated accident. The notice of tort Dated 11-3-15, had the wrong spelling of the nurse involved. This new notice of tort has the corrections on it and Please let the records show, I am explaining the re - injuries I got from "registered nurse Julie McCrae" here at Oregon State Pen. Thank You for your time!

Please see attached

Sincerely - Dennis Gines!

Additionally: I am also re - submitting the notice of tort in which I have a claim number, L158149 also with the correct spelling of RN. Nurse Julie McCrae that's involved. Thank You again!

Please see attached

My copy

sent on 11-3-15

NOTICE OF TORT

To: Oregon Department of Administrative Services
 Risk Management Division
 P.O. Box 12009
 Salem, OR 973009-0009

R.N. Julie McCrae

From: Dennis Gines
 SID# 12019691
 2605 State Street
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

During one of my treatments, I was having my bandages changed by a Nurse named McCrae. Nurse McCrae was angry with me for being scheduled to change my bandages at a time she disagreed with. While changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My bandage had been changed several times previously and my foot was never re-injured until Nurse McCrae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McCrae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

I complained of Nurse McCrae's actions that re-injured my foot, but prison officials have been deliberately indifferent to my concerns. Instead of reprimanding Nurse McCrae, prison officials have retaliated against me for making a complaint. This went so far as to issue me a disciplinary violation for seeking to expose Nurse McCrae's actions.

Relief Requested

I am seeking compensation in an amount to be determined for the injuries I incurred as a result of the negligent or deliberate harm caused to me by Nurse McCrae. I am also seeking compensation for the deliberate indifference of prison officials in failing to take proper action to protect me and others from further harm by Nurse McCrae.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 3rd day of November, 2015.

I am re-submitting this notice of tort with the correct spelling of
 nurse Julie McCrae.

Dennis Gines 11-20-15
 Dennis Gines

*Magee**MY COPY*

X

NOTICE OF TORT

To: Oregon Department of Administrative Services
 Risk Management Division
 P.O. Box 12009
 Salem, OR 973009-0009

From: Dennis Gines
 SID# 12019691
 2605 State Street
 Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department and I went to the OSP infirmary for treatment. My injuries required a daily change of bandages over several weeks. During one of my changes, I was treated by Nurse McCrae, who was angry over the fact that I came to the infirmary at a time with which she did not agree. She expressed her anger at me and suggested I had somehow manipulated the timing of my bandage change even though I have nothing to do with scheduling or issuing passes to the OSP infirmary.

Nurse McCrae continued to be angry while changing my bandage and deliberately yanked the old bandage from my wound, thereby ripping the tender skin, re-injuring my wound, causing me serious suffering, and causing it to bleed.

On 06-11-2015, the day after Nurse McCrae's medical abuse, during my next treatment, I explained the abuse to RN J. Olachea, who was very apologetic. I asked him to please bring a second nurse to witness the bloody bandage that was being changed. RN. W. Hughes then entered the room and I explained what Nurse McCrae did to my injury the day before. I wanted both of them to witness the bloody bandage, after all, they had changed most of my bandages up to that date and could testify to the fact that the bandages had not been bloody until they removed the bandaging done by Nurse McCrae.

Unfortunately, my medical file had been misplaced for several days prior to this incident and I asked both Nurses, Olachea and Hughes, to please take a mental note and to please document their findings into my medical file as soon as it was located. They said they would.

When I did not hear back from them within the 30-day limit to file a grievance, I sent them both kynes (communication forms) to remind them that they said they would make a notation of the condition of my foot in my file. I did not get a response from them, so I sent them follow-up kynes expressing my concerns. Instead of getting a response back from either nurse Olachea or Hughes, I received a response to both of my kynes from Nurse Manager Magee on the same day. In one response, he advises me not to send anymore kynes to his nurses and accuses me of using "staff splitting tactics" even though all I was attempting to do was to have

my medical file updated to accurately reflect what occurred. The next day, Nurse Manager Magee issued me an Disciplinary Report for writing to his nurses.

It is clear that Nurse manager Magee intercepted all of my kynes in a deliberate effort to prevent me from documenting the improper actions and abuse of one of his nurses, Nurse McCrae. To do this, he falsely accused me of attempting to cause problems between staff. ” This was completely wrong. The only request I made in my communications to Nurses Olachea and Hughes was to log the incident they witnessed into my medical file.

I am entitled to have my medical file accurately reflect the truth. It was actually Nurse Manager Magee that was seeking to manipulate my file. Moreover, I am required by rule to document and prove any grievance claims I may make. I am also allowed by rule to communicate with staff. OAR 291-109-0120. OAR 291-109-0120(4) states that “staff should make every effort to respond to an inmate communication form within seven days of receipt. It does not say that other staff should intervene in the communication. However, nurse manager Magee intervened and did not allow this process to occur. Instead, nurse Manager Magee directly ordered me not to communicate with staff, thereby in violation of the aforementioned rule, and issued a disciplinary report for my attempts to have my medical file updated accurately.

Nurse Manager Magee attempted to cover-up the abuse by Nurse McCrae and, in doing so, violated my right to be free from cruel and unusual punishment under the constitutions of both Oregon and the United States. Nurse Magee also engaged in obstruction of governmental or judicial administration under ORS 162.235. Additionally, he tampered with witnesses in violation and public records in violation of ORS 162.285 and 162.305. Furthermore, nurse manager Magee engaged in coercion in violation of OAR 163.275 when he improperly attempted to force, or intimidate, me into abstaining from seeking to update my medical records and to complain about Nurse McCrae.

The witnesses to this matter are OSP nurses Olachea and Hughes. I am also including the documentation mentioned in this notice, including the kynes to Olachea and Hughes in which he responded as well as the disciplinary report he improperly issued. *I am also including the 3 page kynes I sent RN. McCrae and one to Health Services manager Carrie Caffey with my concerns and all Relief Requested were responded by nurse manager Magee.*

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of Nurse Magee's attempt to cover-up wrongdoing by others in the OSP infirmary.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 9th day of December, 2015.

Dennis Gines
Dennis Gines

accident

NOTICE OF TORT

To: Oregon Department of Administrative Services
Risk Management Division
P.O. Box 12009
Salem, OR 973009-0009

From: Dennis Gines
SID# 12019691
2605 State Street
Salem, OR 97310

Pursuant to ORS 30.275 Claimant, Dennis Gines, hereby gives notice that a claim for damages is, or will be, asserted against the Oregon Department of Corrections, its subsidiaries, its officers, employees, or agents for the unnecessary harm and suffering caused to Claimant as described below.

Relevant Facts

On May 30, 2015, my feet were badly burned while working in the Oregon State Penitentiary (OSP) Culinary Department. While doing my job, another employee was working on the floors without caution signs or proper training. He was using five-gallon buckets of boiling water from the steam kettles to clean the floors. As I walked into the room, he dumped boiling water onto the floor and it came from under the grill and immediately filled both of my shoes. This caused severe burns to my feet, which required treatment for over 21 days.

Prior to this incident, I had asked the food manager to provide me with work boots, but he refused. It was explained to me that the culinary department only provided work boots for only a few select inmates (approximately $\frac{1}{4}$ of the inmates working there) and that I was required to wear my own shoes. This is an unreasonable approach to safety because the entire culinary department contains various hazards, including the boiling water that injured me. I was working with the same hazardous conditions as those who were provided boots. If I had been issued boots, I would not have been injured.

After my injury, I was not assisted with submitting an accident report or provided any instruction for making a claim with the Inmate Injury Fund. In fact, it is apparent that this procedure is deliberately left vague and unexplained in an attempt to confuse those who need to make claims so that they will make procedural mistakes or miss deadlines. In fact, to this date, I have been provided no actual guidance on this matter and I do not know the status of my claim.

As a result of this injury, I was treated in the OSP infirmary. This treatment went well for the most part until I was treated by a Nurse named McRae. This nurse was angry with me for being scheduled to change my bandages at a time she disagreed with. When changing my bandages, she was deliberately rough and she tore my wound open by her mistreatment. My

bandage had been changed several times previously and my foot was never re-injured until Nurse McRae deliberately and vindictively ripped the bandage from my foot. It is clear that Nurse McRae retaliated against me and she further damaged my foot as a result. Her treatment of my foot was painful and it caused my injury to take longer to heal than necessary.

Relief Requested

Claimant seeks compensation in an amount to be determined for the injuries suffered by him as a result of the neglect and deliberate indifference by ODOC Officials in failing to provide proper safety equipment and take proper safety precautions to protect me and other workers from harm. This includes a failure to properly train or equip workers under dangerous conditions as well as a failure to provide proper care for a work relate injury.

If further information is desired I can be contacted at the above referenced address. Any offer of a method of resolving my claim should be directed to me at the same address.

Dated this 3rd day of November, 2015.

Dennis Gines

05BN TORT

TORT CLAIM NOTICE
[ONE OCCURRENCE, PER FORM]

TO: OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES
RISK MANAGEMENT
PO BOX 12009
SALEM OR 97309-0009

FROM: CLAIMANT

Legal Full Name: Dennis Lynn SinesS.I.D Number: 12019621Current Mailing Address: 2605 State St.Salem, OR. 97310Date of Birth: 4-27-67Social Security Number: 546-23-1761Location of Loss: Oregon State PenitentiaryDate of Loss: 3-28-17

Pursuant to provisions of ORS 30.275, claimant gives notice that a claim for damages is or will be asserted against the public body or an officer, employee or agent of the public body. Below is a description of the time, place and circumstances giving rise to the claim.

I filed a Medical Complaint on nurse Julie McGraw and Nurse Manager Magie on 12-16-15, and got no response from letters I sent asking about my care until I sent the third letter of concern in certified mail. It was only then did the Oregon State Board of Nursing claimed they never got my complaints which is untruthful! I then sent them a second package of new complaints and I also sent copies of my first complaints and a copy of my alarming hand written letter. I requested my first complaints be investigated as to what happened to them as well as a copy of my mail box showing I did send this packet. Oregon State Board of Nursing never investigated my first complaints and denied my second complaints claims of Malpractice. Righting I got I went medical care and then found nothing wrong with my nursing care. All of these complaints I had with Julie McGraw and the other nurse if there was an issue and that's what I sent the Oregon State Board of Nursing a certified letter dated 3-28-17 asking for a Complaint on 05BN and to date have not heard back from the Department.

TORT CLAIM NOTICE
[ONE OCCURRENCE, PER FORM]

I also sent the Board of Parole a certified letter asking for an appeal on 3-28-17 and have not gotten a response at all!

It is a claimant's responsibility to prove their allegations. Claimant must provide documentation before Risk Management begins an investigation with Dept. of Corrections. Provide any kites, grievances, property inventory, canteen receipts and incident reports that substantiates your claim.

Document Enclosure(s): YES NO

Claimant Signature: Dennis Sines

SID: 12019691

Date Signed: 5-15-17

Name and Addresses of Defendants/State Employees

OSPN
17938 SW. Upper Boons Ferry rd
Portland, OR 97224-7612

[SUPERINTENDENT]

Roberta Park
Complaint Intake Coordinator

After certain date _____
my address will be _____

4-16-17

1 of 2

Dear OSBN,

I'm here at the Oregon State Pen., I filed separate complaints on two nurses that work here in the Prison infirmary, RN. McCrae & nurse manager Brendan Magee on 12-16-15. My complaint about nurse McCrae's retaliatory intentional ripping off of the Calvin Bandage from my serious burn that caused re-injury of my wound, unnecessary pain and suffering, too, her re-injury of my wound took my wound longer to heal. My complaint on nurse manager Brendan Magee was in response to his complicity in attempting to cover-up nurse McCrae's wrongdoing, by writing me up a false disciplinary report in an effort to stop me from speaking out about the re-injury I in fact received from nurse McCrae.

I have sent the Board of Nursing two previous request asking about the status of my complaints however, I never received any response from my alarming letters so, I sent a third letter - Certified Mail, return receipt, was only then the Board claims I never sent them any complaints prior, sent me two new complaints to fill out and return even though my first complaints and alarming letters never came back to me through the US Mail. My second set of - genuine complaints were deemed I received same medical care and draped without an honest investigation into my facts.

Cant.

4-16-17

2 of 2

I had my family call the Board of Nursing over two months ago to see if there was an appeal for my complaints, was told there was no appeal at all. I am asking you now if there is an appeal or not, if so, I am asking you to Please forward a complaint - appeal to me? Also, can you Please send me a copy of the Oregon State Pen, DOC. Medical response to my nursing Board complaint I filed with you? Complaints date is 11-1-16.

Thank you!

Dennis Esines



Dennis Esines 12019691
2605 State st.
Salem, OR. 97310

PS. I also need to know how I can get complaints for OSBN?

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

5-30-15	0620	unsch	<p>S: I poured boiling water on both my feet at the kitchen (work).</p> <p>O: Both feet Reddened on top (L) foot distal side c 1 Large collapsed blister c @ 35% of foot = @ 1% total surface area. No other blistering - a: alt skin integrity/risk for infection / alt in comfort alt in AOLs</p> <p>P: Cold Water Soak x 15 min (Pt States relief c soak) BURNS level one protocol - recommend analgesic available @ housing unit, sick call for Drsg C/S \$ eval daily medical lay in until 6-1-15 (ic assess need at S/C drsg & 6-1-15 / provider qpt 6-1-15 0800 - Monitor for infection daily @ S/C drsg & cont to monitor & tx per poc Pt verbalizes understand and agrees c poc <u>4/11/15</u></p>
5/30/1824	1824	Sick	<p>S- Pt. got boiling water poured on feet</p> <p>O - (L) Foot has a ^{one-half} dollar size blister on the top, distal side. No other blistering noted, redness still around the blister + side of foot. Pt. did not want anything done to (R) foot pt. Stated their were 3 small blisters but are gone now, I saw 3 small circular spots on (R) foot.</p> <p>A - A Iteration in Skin Integrity/risk infection</p> <p>P - Cleasned site c S/C, thin layer of Silverdene cream applied, 4x4 gauze applied c Stretch Bandage. w/ types PW</p>

Allergy _____

GINES, DENNIS
12019691
04-27-69

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

6/4/15	8:10	Clinic	BP 128/70, P-71, T-98 ^o , O ₂ Sat 98%, wt. 218 5
		5	2nd degree burn closer both feet
		0	large 2nd burn also but asympt foot - clean base
		A	2nd burn
		0	continue same
6/5/15	1830	SC	Drug A done per order. Area healing nicely. Q S/SX g, injection. Area cleaned & dry. Clens. Silver Sulfadiazine applied and covered to 4x4, stretch bandage & Coban pt to RTC BID. WCTM
6/4/15	10:15	Clinic	Pt. cancelled, Already Seen on 6/2/15.
6/6/15	1830	SC	Drug A done. No S/SX of infection. Cleans site to SC, Silver Sulfadiazine applied and covered to 4x4, Stretch bandage & Coban applies. Pt. tolerated well, burn appears to be healing nicely.
6/11/15		Kyle	B/EQ to see Dr Hanan re: BLE burns - still having pain - req continuation of tx - Sched. to Dr Hanan

Allergy _____

GINES, DENNIS
12019691
04/27/1969

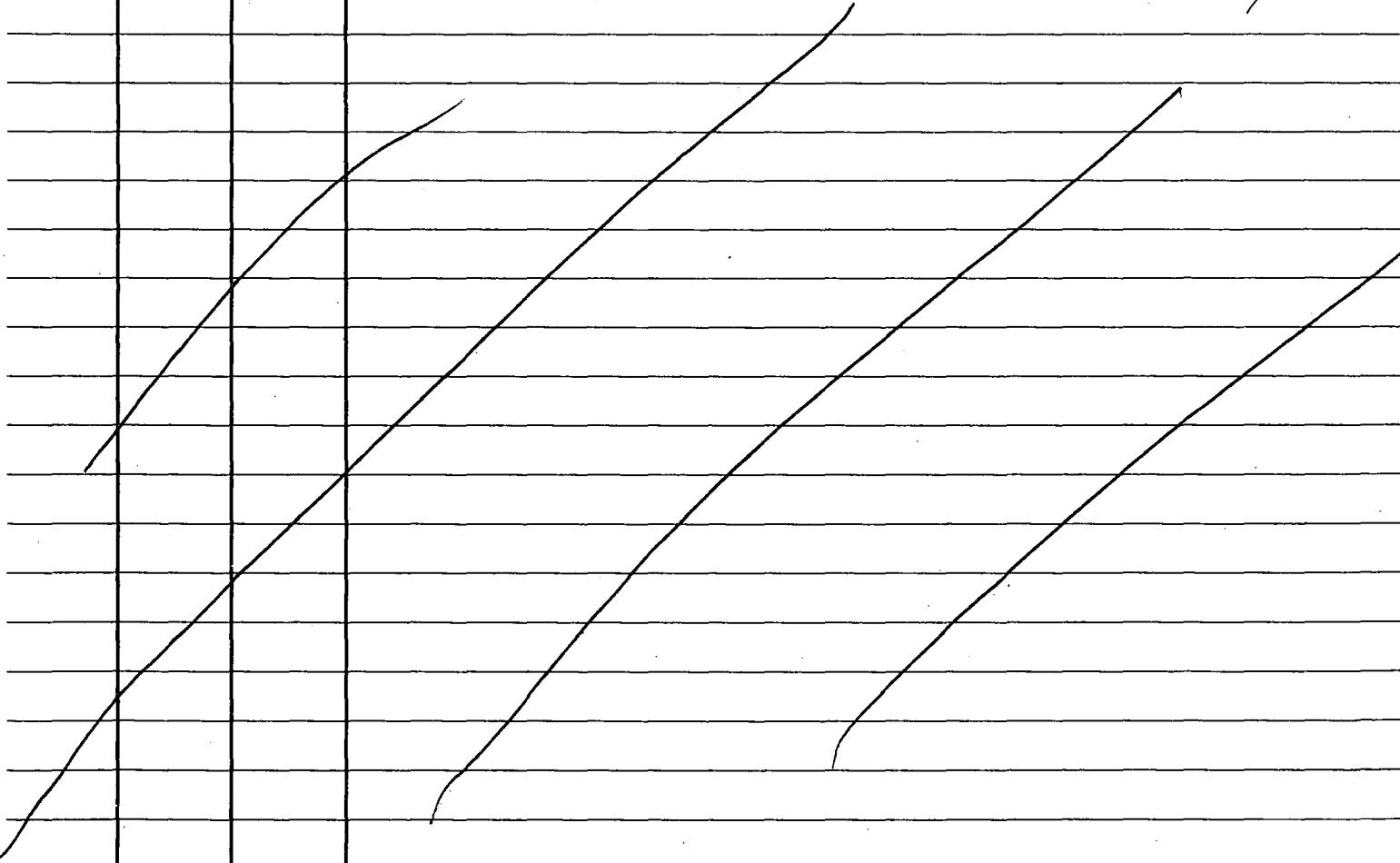
Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

6/7/15 1800 Sick Drsg A done on L Foot. Burn/war is healing nicely. No drainage noted. Cleared site T SC, Applied thin layer of Silver Sulfadiazine on the burn + 1x4 gauze, Stretch gauze + Coban applied. Pt. tolerated well. W. H. H. S. P.

6/8/15 1840 Sick Drsg A done to L Foot. Burn/war Cleared T SC, Applied thin layer of Silver Sulfadiazine on the burn + 1x4 gauze, Stretch gauze and Coban, Pt. tolerated well. W. H. H. S. P.



Allergy _____

NAME: <u>Gines, Dennis</u>
SID #: <u>12019691</u>
DOB: <u></u>

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

6/14/15	1400	Sick	① foot burn/wound dressing △ done. Wound healing nicely, wound bed pink, cleaned site T SC, Silver Sulfadiazine applied 4x4 gauze applied, Stretch gauze and Coban's wrapped around foot. Pt tolerated well. → W. H. Johnson
6/15/15	1450	Sick	① foot burn/wound dressing △ done. No drainage noted, wound bed is pink + seems to be healing well, cleaned site T SC, Silver Sulfadiazine applied, 4x4 gauze, Stretch gauze and Coban's applied, Pt. tolerated well. → W. H. Johnson
6/16/15	1500	SC	② foot burn dry bed. No damage no blistering or open skin present. Affected area red + blanching < 3 sec. Still "tender" to palpation/touch. Wound cleansed + bisclens, silverdene applied in very thin layer, gauze + mediwrap to hold. Pt. ed. provided + reassurance that wound is well handled will cont. lay-in + med. showers X 2 more days Pt. states he understands Pt. ed. provided + current POC. Discharged from wound care today. → D. Johnson Addendum - Skin integrity impairment 1/ + Burn wound, → D. Johnson
6/23/15	1400	Clinic 5	T98.0, HR 86, SBP 98/1, BP 140/81 → J. McNamee 5 pt burn - well healed has developed tinea pedis Right foot & left toes recurrence without discharge for 2 yrs 4x of imidizolines responded to slowly w/ past A psoriasis tinea pedis urethral P. lotus today → J. McNamee

Allergy

A

~~psoriasis~~ tinea pedis

urethral

P. lotus

today → J. McNamee

GINES, DENNIS

12019691

04/27/1969

3-28-17

Dear Marion County DA.,

Hello my name is Dennis Gines and I am at the Oregon State Pen. Almost two years ago I was badly burnt here on both feet while at work in the kitchen. I was then re-injured by one of the nurses here when she intentionally tore my bandage off of my wound out of anger. Everybody from the nurses involved to the Oregon State of Nursing are trying to cover up this issue. You are my last hope in holding these people involved accountable for their crimes, corruption!

I have lots of Paperwork and I can send you copies once I here back from you.

I hope you contact me soon because, I am running short on time! Thank you for your consideration!

Respectfully - Dennis Gines!

Dennis Gines 12019691
2605 State st.
Salem, OR, 97310

Attachment 14

PAIGE E. CLARKSON
JEAN L. KUNKLE
BRENDAN MURPHY
AMY M. QUEEN
KATIE A. SUVER
ADULT PROSECUTION
TRIAL TEAM SUPERVISORS
VANESSA COGGINS
ADMINISTRATIVE MANAGER

WALTER M. BEGLAU
DISTRICT ATTORNEY



MARION COUNTY DISTRICT ATTORNEY
P.O. BOX 14500, 555 COURT ST NE
SALEM, OREGON 97309

CONCETTA SCHWESINGER
SUPPORT ENFORCEMENT
TRIAL TEAM SUPERVISOR

DAVID WILSON
JUVENILE DIVISION
TRIAL TEAM SUPERVISOR

KIMBERLY A. LARSON
VICTIM ASSISTANCE DIRECTOR

April 28, 2017

DENNIS GINES, SID 12019691
OREGON STATE PENITENTIARY
2605 STATE ST.
SALEM, OR 97310

Dr. Mr. Gines,

We are in receipt of your letter dated March 28, 2017. We are not an investigating agency, we are forwarding your information to the Oregon State Police.

Sincerely,

A handwritten signature in black ink, appearing to read "PAIGE CLARKSON".

PAIGE CLARKSON, OSB #992430
Deputy District Attorney
Marion County

PEC:ms

Cc: Sgt. Matt Lawson, Oregon State Police